

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000008831

1. Corporation Name

Florida Cow Culture Preservation Committee Inc.

2. Principal Office Address - No P.O. Box #

385 North Mulberry Street

Suite, Apt. #, etc.

3. Mailing Office Address

1350 North Hart Road

Suite, Apt. #, etc.

City & State

Monticello, Florida

City & State

Geneva, Florida

Zip

32344

Country

Jefferson

Zip

32732

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0269135

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry Ellis

Street Address (P.O. Box Number is Not Acceptable)

1350 North Hart Road

Suite, Apt. #, Etc.

City

Geneva

State

FL

Zip Code

32732

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Larry Ellis

REGISTERED AGENT MUST SIGN

Date 12/12/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Doyle E. Conner Jr.	385 North Mulberry Street	Monticello, Florida 32344
V/D	Cecil A. Tucker II	23300 Ft Christmas Rd Box 345	Christmas, Florida 32709
T/D	Imogene Yarborough	P. O. Box 65, 186 1 st Street	Geneva, Florida 32732
S/D	Larry Ellis	1350 North Hart Road	Geneva, Florida 32732

REINSTATEMENT

07-0845

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cecil A. Tucker II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/2008

Daytime Phone

407-568-1225

FILED

08 DEC 15 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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