

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 10:15

DOCUMENT # **NG4000001000**

1. Corporation Name

Professional Cowboy Association, Inc

W00-14244

2. Principal Office Address

Route 3 Box 452

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1057

Suite, Apt. #, etc.

City & State

Westville, FL

City & State

Monticello, FL

Zip

32464

Country

USA

Zip

32345

Country

USA

REINSTATEMENT 95-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

631104517

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

Clifford L. Davis, Esquire

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

310 N. Jefferson St.

Suite, Apt. #, Etc.

4000003329664-7

-07/20/00-01054-004

*******551.25 *****521.80**

City

Monticello

State

FL

Zip Code

32344

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

Clifford L. Davis

REGISTERED AGENT MUST SIGN

Date **5/22/00**

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
D	Grady Davis	626 S. Lafayette St.	Lafayette, AL 36862
P	Mike Gould	A+1 Box 41	Livingston, AL 35470
D	Bert Hankins	HC 62 Box 696	Chatom, AL 36518
Chairman	Silas Lee	A+3 Box 442 F	Westville, FL 32464
D	Mark Woods	1253 Talladega Hwy	Sylacauga, AL 35150
SR	Julia Bryant	59600 Lottie Rd	Atmore, AL 36502

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 under section 119.07(3)(i), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Silas Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)