

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 MAR 24 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 11-05-004236

1. Corporation Name

N96000005448

Suwannee Cnty Sheriff's mounted Pose
semp
mounted

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

200 S. Ohio Ave

3. Mailing Address

P.O. Box 54

City, State, Zip, etc.

Suite, Apt. #, etc.

City & State

Live OAK, FL

City & State

Live OAK FL

Zip Country

32060 USA

Zip Country

32064 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-1996

5. FEI Number

N96000005448

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

Elizabeth Smith

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

16516 CR 136

Suite, Apt. #, Etc.

City

Live OAK

State

FL

Zip Code

32060

W14-15158

800257592518

03/24/14--01002--004 **71.25

800257592518

03/07/14--01040--010 **410.00

(481.25 Due)

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

Elizabeth Smith

REGISTERED AGENT MUST SIGN

Date

1-30-14

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
VP	Angelina Perkins	16520 CR 136	Live OAK, FL 32060
P	Govan Knight		McAlpin, FL 32060
Sec	Elizabeth Smith	16516 CR 136	Live OAK, FL 32060
BRA	Roger Howard	16726 CR 136	Live OAK FL 32060
DD	Hubert A Smith Jr	16512 CR 136	Live OAK FL 32060
			S. HAWKES

10. E-mail Address: LIZSMITH1943@YAHOO.COM

(To be used for future annual report notification)

MAR 24 A.M.

11. 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, and I have paid all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Elizabeth Smith

Elizabeth Smith

1-30-14

386 364 3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXAMINED