

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 OCT 27 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000016726

**1. Corporation Name**

Libby Financial Advisors, Inc.

**2. Principal Office Address**

1015 SE 8th Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34471

Country

USA

**3. Mailing Office Address**

P.O. Box 728

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

USA

300060964213  
10/27/05--01025--011 \*\*1200.00

**REINSTATEMENT**

02-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2-11-00

**5. FEI Number**

59-3626025

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

Gary C. Simons, Esquire

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

121 NW 3rd Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

**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

*Gary C. Simons*  
REGISTERED AGENT MUST SIGN

Date 10/26/05

**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	Steve F. Libby	1015 SE 8th Street	Ocala, FL 34471
D	Elizabeth J. Libby	1015 SE 8th Street	Ocala, FL 34471

**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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steve F. Libby*

Date

10-26-05

Daytime Phone #

352-873-9022

CR02081 (01/05)

10/31/05