

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 16 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077409

1. Corporation Name

Ocala Livestock Market

100075549901
05/31/06--01021--002 **450.00

CR2E081 (12/05)

2. Principal Office Address

3. Mailing Office Address

P.O. Box 539

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lowell, FL

Zip

Country

Zip

Country

32663

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3664335

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

same as above / Tobitha Yeomans (co-owner VP)

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

5100 NW 14th PL

Suite, Apt. #, Etc.

City

Reddick FL

State

FL

Zip Code

32686

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

Tobitha Yeomans

REGISTERED AGENT MUST SIGN

Date 5/10/06

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
Pres. Sec	Michael A. "Tony" Yeomans	P.O. Box 539 Lowell, FL 32663	Lowell FL 32663
VP. Tres	Tobitha Yeomans	PO BOX 539	Lowell FL 32663

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:

Tobitha Yeomans Co-Owner

Date

4/17/06

Daytime Phone #

352-427-6508

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OCALA LIVESTOCK MARKET
P.O. Box 539
LOWELL, FL 32663
352-732-4454

April 17, 2006

To Whom It May Concern:

I recently went online to show proof of ownership of our business, Ocala Livestock Market, in Ocala, Florida. It was at that time I realized our business was shown as inactive and dissolved 10/04.

In February of 2004 our office manager had a bad car accident I can only assume that the card came during that time and was overlooked by the girl I had picking up our mail. I have received no notices or information that I am aware of saying that the payment was not made.

I called your offices and spoke with a very helpful gentleman that suggested I explain the situation to you. Enclosed you will find our payment of \$450.00. We are asking that the other penalty fees be waived due to the circumstances above.

If you need any other information please call my office manager, Sarah Wilkerson at 352-732-4454 or myself at 352-427-6505.

Sincerely,

Tobitha Yeomans

Tobitha Yeomans

Co-Owner, Ocala Livestock Market