

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000081855

1. Corporation Name

North Florida Livestock Market, Inc.

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

12171 S US HWY 441

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32025

Country

3. Mailing Office Address

P.O. Box 3235

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32056

Country

USA

7. Name and Address of Current Registered Agent

Name

TOM M CONELY

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

401 NW 6th ST

Suite, Apt. #, Etc.

0

City

OKEECHOBEE

State

FL

Zip Code

34972

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3670564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Date

REGISTERED AGENT MUST SIGN

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	Todd Clemons	395 SW 24th AVENUE	OKEECHOBEE FL 34974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-09

Date

863-763-3127

Daytime Phone #

FILED

09 SEP 28 AM 9:05

STATE
RECEIVED

100161084571
09/28/09--01040--012 **450.00

REINSTATEMENT
CR2E081 (12/08)

07-09

9/29/09