

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.

3. Mailing Office Address

PO BOX 3235

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32025

Country

USA

Zip

32056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2000

5. FEI Number

59-3670564

☐ 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

TODD CLEMONS

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

395 SW 24TH AVENUE

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34974

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

REGISTERED AGENT MUST SIGN

Date

7-25-12

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
VD	PETE CLEMONS	4853 NW 30TH STREET	OKEECHOBEE, FL 34974
TDS	JEFF CLEMONS	19645 HWY 98 NORTH	OKEECHOBEE, FL 34972
PD	TODD CLEMONS	395 SW 24TH AVENUE	OKEECHOBEE, FL 34974

10. E-mail Address:

livesTockmarket@centurylink.net

(To be used for future annual report notification)

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 or 617.0401, F.S., and that 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:

Todd Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Clemons pres.

Date

Daytime Phone #

7-25-12 863-763-3127

FILED
12 AUG 21 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL 32301-1000

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07/31/12--01022--004 **300.00

REINSTATEMENT
CR2B0812 (11/10) 11-12

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08/21/12--01005--017 **600.00