

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 2:39

DOCUMENT # **PD1000089633**

1. Corporation Name

LIVINGSTON TREASURES, INC.

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

1741 E. Nine Mile Road

Suite, Apt. #, etc.

Suite 5

City & State

Pensacola, FL

Zip

32514

Country

US

3. Mailing Office Address

2350 Highway 97 North

Suite, Apt. #, etc.

City & State

Molino, FL

Zip

32577

Country

US

400125042764
04/22/08--01025--009 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2001

5. FEI Number
59-3730796

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

Jack E. Livingston

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

2350 Highway 97 North

Suite, Apt. #, Etc.

City

Molino, FL

State

FL

Zip Code

32577

☒ 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

Jack E. Livingston

REGISTERED AGENT MUST SIGN

Date April 17, 2008

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	Jack E. Livingston	2350 Highway 97 North	Molino, FL 32577
D	Linda Livingston	2350 Highway 97 North	Molino, FL 32577

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:

Jack E. Livingston

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2008

Date

Daytime Phone #

850 -
712-9339