

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

04 DEC 17 PM 3:26

DOCUMENT # *P01000077215*

1. Corporation Name

Conril Industries, Inc.

2. Principal Office Address

10129 S US Hwy 441

3. Mailing Office Address

PO Box 830445

Suite, Apt. #, etc.

Unit #1

Suite, Apt. #, etc.

City & State

Belleview, FL

City & State

Ocala, FL

Zip

34420

Country

Marion

Zip

34483

Country

Marion

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/2001

5. FEI Number

59-3736093

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

Robin Y. Feagle

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

1622 SE 8th St

Suite, Apt. #, Etc.

City

Ocala, FL

State

FL

Zip Code

34471

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

Robin Y. Feagle
REGISTERED AGENT MUST SIGN

Date *12-16-04*

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
<i>ASTD</i>	<i>Robin Y. Feagle</i>	<i>1622 SE 8th St., Ocala, FL</i>	<i>Ocala, FL 34471</i>

200043492372
*12/17/04--01052--002 **900.00*

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:

Robin Y. Feagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-04

Date

352-266-0910

Daytime Phone #

CR2E081 (01/04)

12/20/04