

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

05 SEP 20 PM 1:44


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/07/05--01010--004 **1208.75

K. Eckel SEP 20 2005

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118121

1. Corporation Name
Rustic Ranch Furniture of Okeechobee, Inc.

W105000041885

2. Principal Office Address
123 SW Park St

Suite, Apt. #, etc.
—

City & State
Okeechobee FL

Zip
34972

3. Mailing Office Address
same as princ.

Suite, Apt. #, etc.
—

City & State
same as princ.

Zip
same

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
651153715

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

7. Name and Address of Current Registered Agent

Name
Nancy Gagliardi

Street Address (P.O. Box Number is Not Acceptable)
2215 SW 22nd Cr.

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 *Nancy Gagliardi*

REGISTERED AGENT MUST SIGN

Date
8-30-05

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
P	Nancy Gagliardi	2215 SW 22nd Cr	Okeechobee FL 34974
VP	Joseph Gagliardi	2215 SW 22nd Cr	Okeechobee FL 34974
Sec	Christina Gagliardi	2215 SW 22nd Cr	Okeechobee FL 34974
TR	Charles Gagliardi	2215 SW 22nd Cr	Okeechobee FL 34974

REINSTATEMENT 03-05

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: *Nancy Gagliardi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
8-30-05

Daytime Phone #
863-763-4899

CR2E081 (01/05)