

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 18 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002072

1. Corporation Name

FAVORETTA URBAN SPRAWL INC

2. Principal Office Address

PO BOX 248

Suite, Apt. #, etc.

City & State

BUNNELL FL

Zip

32110

Country

FLAGLER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/2003

5. FEI Number

76-0812617

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

MARCUS C STRICKLAND JR

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

7912 S US 1

Suite, Apt. #, Etc.

City

BUNNELL

State

FL

Zip Code

32110

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 1/10/2006

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,S,D	MARCUS C STRICKLAND JR	PO BOX 248	BUNNELL FL 32110
V,D	MARCUS C STRICKLAND III	PO BOX 248	BUNNELL FL 32110

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:

Marcus C. Strickland Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCUS C STRICKLAND JR

1/10/2006

Date

386.437.3610

Daytime Phone #