

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 17 AM 10:18

DOCUMENT # P04000007761

1. Corporation Name

MARTIN FRENCH FEEDRING, INC.

000162922520
11/18/09--01028--014 **300.00

2. Principal Office Address - No P.O. Box #
13855 SE 38th St

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OKLAHOMA OKLA.

City & State

Zip

34974

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2004.

5. FEI Number

141901815.

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

MARTIN FRENCH

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

13855 SE 38th St

Suite, Apt. #, Etc.

City

OKLAHOMA

State

FL

Zip Code

34974.

☒ 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

Martin French

Date

12/13/09.

REGISTERED AGENT MUST SIGN

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
PSD.	MARTIN J. FRENCH.	13855 SE 38th ST	OKLAHOMA OKLA 34974.
UTD	DENISE FRENCH	13855 SE 38th ST	OKLAHOMA OKLA 34974.

10. E-mail Address: MTFRENCH@EARTHLINK.NET / M FRENCH @WILLBLUE.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., 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.

SIGNATURE:

Martin French

11/17/09.