

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000091702

1. Corporation Name

Cow Boy Customs INC

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

335 S.E. 441

Suite, Apt. #, etc.

C.

City & State

Okreechee Florida

Zip

34974

Country

USA

3. Mailing Office Address

P.O. Box 3054

Suite, Apt. #, etc.

City & State

Okreechee Florida

Zip

34973

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

June 15-04

5. FEI Number

37-1491885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

Clara Shrader

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

5400 Hwy 441 S.E.

Suite, Apt. #, Etc.

City

Okreechee

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

Clara Shrader

REGISTERED AGENT MUST SIGN

Date 7-26-07

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	Clara Shrader	5400 Hwy 441 SE	Okreechee FL 34974
V/P	James Shrader	5400 Hwy 441 SE	Okreechee FL 34974
m	Glenn Shrader	599 SW 67 DR	Okreechee FL 34974

REINSTATEMENT

05-07

B 8/3/07

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08/01/07--01052--009 **1050.00

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 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:

Clara Shrader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-07

Date

863-467-8002

Daytime Phone #