

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 JAN -2 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000164497

1. Corporation Name

TRI-STATE CATTLEMAN'S MARKET, INC.

2. Principal Office Address

2154 Corinth Road

Suite, Apt. #, etc.

City & State

Westville, Florida

Zip

32464

Country

Holmes

3. Mailing Office Address

2154 Corinth Road

Suite, Apt. #, etc.

City & State

Westville, Florida

Zip

32464

Country

Holmes

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-19-05

5. FEI Number

20-3976489

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

Edwards John S.

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

2154 Corinth Road

Suite, Apt. #, Etc.

City

Westville

State  
FL

Zip Code

32464

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

*John Edwards*

Date

27 Dec 2006

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
D	Edwards, John S.	2154 Corinth Road	Westville, Florida 32464
D	Edwards, Charles S.	30043 Edwards Road	Floral, Alabama 36442

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01/02/07--01052--022 \*\*750.00

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:

*John Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27 Dec 2006

Daytime Phone #