


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F37069**

1. Corporation Name  
Ferguson Harbour, Incorporated

2. Principal Office Address 65 Industrial Park Drive		3. Mailing Office Address 65 Industrial Park Drive	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Hendersonville, TN		City & State Hendersonville, TN	
Zip 37075	Country USA	Zip 37075	Country USA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida 01/07/1992

5. FEI Number 62-1028718 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Subs. Apt. #, Etc.

City Plantation State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.

Signature of Registered Agent *Jennifer P. Faulman* **JENNIFER PAULTMAN** ASSISTANT SECRETARY Date 12/1/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Office and/or Director	City / State / Zip
President / CEO / Director	Keith F. Bailey	65 Industrial Park Drive	Henderson, TN 37075
VP	Michael Hextoll	65 Industrial Park Drive	Henderson, TN 37075
CFO	Kimberly H. Jackson	65 Industrial Park Drive	Henderson, TN 37075

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: *Kimberly H. Jackson* Kimberly H. Jackson, CFO Date 12/15/04 615-822-3295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**FERGUSON HARBOUR, INCORPORATED**

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