

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JAN 29 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Futchs Workshop INC.

P93000043938(8)

**REINSTATEMENT 96-04**

2. Principal Office Address

RR 26 Box 610

Suite, Apt. #, etc.

3. Mailing Office Address

RR 26 Box 610

Suite, Apt. #, etc.

City & State

Lake City Fla

City & State

Lake City Fla

Zip

Country

32024

Columbia

Zip

Country

32024

Columbia

4. Date Incorporated or Qualified  
To Do Business in Florida

May-92

5. FEI Number

650415068

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

William Bryan Futch

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

RR 26 Box 610

Suite, Apt. #, Etc.

City

Lake City Fla.

State

FL

Zip Code

32024

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

Wm B Futch

REGISTERED AGENT MUST SIGN

Date

1-12-04

**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	William Bryan Futch	RR 26 Box 610	Lake City 32024

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 under section 119.07(3)(i), 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:

Wm B Futch William Bryan Futch

Date

1-12-04

Daytime Phone #

(386) 752-4300

CR2E081 (10/02)