

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -3 PM 2:44

DOCUMENT # **P94000058733**

1. Corporation Name

Montura Trading Post

300004634953--3

-10/12/01--01059--007

******750.00 ****750.00**

2. Principal Office Address

335 N. Devils Garden Rd

Suite, Apt. #, etc.

City & State

Clewiston

Zip

33440

Country

Hendry

3. Mailing Office Address

335 N. Devils Garden Rd

Suite, Apt. #, etc.

City & State

Clewiston

Zip

33440

Country

Hendry

REINSTATEMENT

01

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/08/98

5. FEI Number

65-0535479

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

Jema D. Bearaman

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

HC 61 Box 82

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

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**

REGISTERED AGENT MUST SIGN

Jema D. Bearaman

Date

9/23/01

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 |
|---------------|--|---|----------------------------|
| Pres | James M Dickson | RR 2 Box 168 D | Clewiston, FL 33440 |
| Pres | Jema D. Bearaman | HC 61 Box 82 | Clewiston, FL 33440 |
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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: Jema D. Bearaman Jema D Bearaman 9/23/01 (863) 983-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)