

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 26 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058733

1. Corporation Name

MONTURA TRADING POST, INC.

2. Principal Office Address

335 NORTH DEVILS GARDEN

Suite, Apt. #, etc.

City & State

CLEWISTON, FLORIDA

Zip
33440

Country
U.S.A.

3. Mailing Office Address

HC 61 BOX 82 535 N Olivio

Suite, Apt. #, etc.

City & State

CLEWISTON, FLORIDA

Zip
33440

Country
U.S.A.

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

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

IRMA D. BRANAMAN

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

HC 61 BOX 82 535 N. Olivio

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

Date

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	JAMES M. DICKSON	ROUTE 2 BOX 168D 4120 W US 27 Hwy	CLEWISTON, FL 33440
V	IRMA D. BRANAMAN	HC 61 BOX 82 535 N Olivio	CLEWISTON, FL 33440

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:

Irma Branaman Irma Branaman 6/23/06 863-228-0647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #