

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. McDonald
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 0160000045146

1. Corporation Name
DIXIE PRIDE HEREFORD RANCH, INC.

Principal Place of Business
9800 NW 80TH AV.
OCALA, FLA.
34482

Mailing Address
P.O. Box 687
OCALA, FLA.
34478

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA, FLA.

Zip

Country

Zip

Country

34478

4. Date Incorporated or Qualified To Do Business in Florida

5-20-96

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	ROBERT L. WALKER	9800 NW 80 TH AVE.	OCALA, FLA. 34482
Sec.			
Treas.			

3000002459793--9
-03/17/98--01073--007
****323.75 ****323.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT L. WALKER
9800 NW 80TH AVE.
OCALA, FLA.
34482

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Robert L. Walker
REGISTERED AGENT MUST SIGN

Date MAR 16, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Robert L. Walker Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 16, 1998

Date

Daytime Phone #

352 898 4966

FILED

98 MAR 16 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)

Dixie Pride Hereford
RANCH, INC
P.O. Box 687
OCALA, FLA, 34478 ②

FLORIDA Dept. of STATE
SANDRA B. MORTHAM
SECRETARY OF STATE
DIV. OF CORPORATION

DEAR MADAM SECRETARY,

PLEASE BE ADVISED THAT WE DID NOT RECEIVE OUR
ANNUAL REPORTS IN THE MAIL.

THANK YOU,

Robert Walker Pres.
Dixie Pride Hereford Ranch, INC.