

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

LOCAL DEPARTMENT OF STATE
Engineering
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96 0000 45146**

1. Corporation Name
DIXIE PRIDE HEREFORD RANCH INC.

Principal Place of Business
**OCALA, FLA
9800 NW 80TH AVE.
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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-20-96

5. FEI Number

59-3130345

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	ROBERT Lee WALKER III	9800 NW 80TH AVE.	OCALA, FLA. 34482
V. Pres. Sec. Director	ROBERT L. WALKER SR.	491W TROPICAL WAY	PLANTATION, FL. 33317

700002872337-0
-05/12/99-01041-001
****473.75 ****473.75

8. Name and Address of Current Registered Agent

**ROBERT Lee WALKER III
9800 NW 80TH AVE.
OCALA, FLA.
34482**

9. Name and Address of New Registered Agent

Name
ROBERT Lee WALKER III
Street Address (P.O. Box Number is Not Acceptable)
9800 N.W. 80TH AVE.
Suite, Apt. #, Etc
OK
City
OCALA.

State
FL Zip Code
34482

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 Lee Walker III**
REGISTERED AGENT MUST SIGN

Date **May 12, 1999**

11. This corporation owes 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 Lee Walker III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 12, 1999 (954) 214 6346
Date Daytime Phone #