

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 23 AM 1:37

DOCUMENT # P97000001421

1. Corporation Name

TERRY FINANCIAL, INC.

2. Principal Office Address

4430 SE Fort King

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip
34470

Country

Marion

3. Mailing Office Address

4430 SE Fort King

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip
34470

Country

Marion

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 1-07-1997

5. FEI Number
20-3505348

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

James T. Bounds

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

4430 SE Fort King

Suite, Apt. #, Etc.

City

Ocala, Florida

State
FL

Zip Code
34470

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

James T. Bounds
REGISTERED AGENT MUST SIGN

Date

9-22-05

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/S	James T. Bounds	4430 SE Fort King	Ocala, Florida 34470

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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:

James T. Bounds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-22-05

Daytime Phone #

B. Mitchell SEP 26 2005