

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027572

1. Corporation Name

Flying J Ranch of Ocala Inc.

2. Principal Office Address

232 C.R. 900

Suite, Apt. #, etc.

City & State

Ft Payne, AL 35968

Zip

35968

Country

DEKALB

3. Mailing Office Address

P.O. Box 403

Suite, Apt. #, etc.

City & State

Ft Payne, AL

Zip

35968

Country

DEKALB

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-12/19/01--01065--020

\*\*\*\*158.75 \*\*\*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

March 19, 1997

5. FEI Number

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

J. P. Hyder

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

12740 139th St.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33774

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

J. P. Hyder

REGISTERED AGENT MUST SIGN

Date 11-14-01

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	John Ostgard	232 CR 900	FT Payne, AL 35968
Sect	J. P. Hyder	12740 139th St.	Largo, FL 33774
	Hyder is Sect - Treasurer & sole stockholder		

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:

J. P. Hyder J. P. Hyder

11-14-01

256 845-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)