

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUL -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000051976

1. Corporation Name

Thomas Cattle Buying Services Inc.

2. Principal Office Address

14471 NE 20th St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 426

Suite, Apt. #, etc.

City & State

Williston, Florida

City & State

Williston, Florida

Zip

32696

Country

U.S.A.

Zip

32696

Country

U.S.A.

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

June 10, 1998

5. FEI Number

593517103

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

Brad Etheridge

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

14471 NE 20th St.

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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

[Signature]

Date

6-30-06

REGISTERED AGENT MUST SIGN

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
D	Brad Etheridge	14471 NE 20th St.	Williston, Fl. 32696
D	Burton Bellamy	14471 NE 20th St.	Williston, Fl. 32696

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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-30-06

Daytime Phone #

352-528-4518

7/6
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