

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 DEC 18 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S53483**

1. Corporation Name

LIBBURN DEVELOPMENT COMPANY, INC.

~~LIBBURN DEVELOPMENT COMPANY, INC.~~

2. Principal Office Address

6061 W. DOGWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

SAME

Zip

32536

Country

OKALOOSA

Zip

SAME

Country

SAME

REINSTATEMENT

92.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/91

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

TIMOTHY M. CLARK

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

6061 W. DOGWOOD DRIVE

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

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

TIMOTHY M. CLARK

REGISTERED AGENT MUST SIGN

Date

12/18/00 LS

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/DIR	W. MAX CLARK	6046 BUD MONTGOMERY RD	CRESTVIEW, FL 32536
VP+SEC DIR.	TIMOTHY M. CLARK	6061 W. DOGWOOD DR.	CRESTVIEW, FL 32536

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:

TIMOTHY M. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/00

Daytime Phone #

CR2E081 (3/99)