

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

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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		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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

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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** Date **12/18/00 LS**

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
PRES/DIR	W. MAX CLARK	6046 Bud Moulton 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** Date **12/18/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)