

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 20 PM 1:04

DOCUMENT # **S53483**

1. Corporation Name

LIBBURN DEVELOPMENT COMPANY, INC

2. Principal Office Address

6061 W. DOGWOOD DR

3. Mailing Office Address

P.O. Box 758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

32536

Country

OKLAHOMA

Zip

32536

Country

OKLAHOMA

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/09

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2002

7. Name and Address of Current Registered Agent

Name

TIMOTHY M. CLARK

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

6061 W. DOGWOOD DR

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

Date

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
PD	W. MAX CLARK	6046 BUD MOUNTAIN RD	CRESTVIEW, FL 32536
VPSD	TIMOTHY M. CLARK	6061 W. DOGWOOD DR	CRESTVIEW, FL 32536

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12/20/02--01013--021 **900.00

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

12/20/02 (850) 585-7451

Date

Daytime Phone #

CR2E081 (9/01)