

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **L23627**

1. Corporation Name
THE TACK ROOM INC.

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
212 N BROAD ST BUSHNELL FL 33513 US	212 N BROAD ST BUSHNELL FL 33513 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>16108 N.W. Hi 225</i>	3. New Mailing Office Address, If Applicable <i>16108 N.W. Hi 225</i>	4. Date Incorporated or Qualified To Do Business in Florida 10/16/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2974184
City & State <i>Reddick, FL</i>	City & State <i>Reddick, FL</i>	Applied For Not Applicable
Zip <i>32686</i>	Country <i>USA</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	ALLEN, CURTIS	218 N. BROAD ST.	BUSHNELL FL
VDS	ALLEN, BRENDA E.	218 N. BROAD ST.	BUSHNELL FL
VPT	BEAVERS, CARYL	212 N BROAD ST <i>116 Bushnell Plaza</i>	BUSHNELL FL <i>33513</i>
			9000004659719--2 -10/30/01--01086--008 ***750.00 ***750.00
REINSTATEMENT 01			

8. Name and Address of Current Registered Agent

ALLEN, CURTIS
 218 NORTH BROAD STREET
 BUSHNELL FL 33513

9. Name and Address of New Registered Agent

Name
Allen, Curtis
 Street Address (P.O. Box Number is Not Acceptable)
16108 N.W. Hi 225
 Suite, Apt. #, Etc.
 City
Reddick State
FL Zip Code
32686

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Curtis Allen* **SIGNATURE REQUIRED** Date *10-15-01*
 REGISTERED AGENT MUST SIGN

11. 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: *Caryl E Beavers* **SIGNATURE REQUIRED** Date *10-15-01* Daytime Phone # *(352) 743-8003*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)