PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

2000-01 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 790637

1. Corporation Name

Leon County Farm Bureau LAA
1349 Cross Creek Way
Tallahassee, FL 32301

2. Principal Office Address	**3.** Mailing Office Address
1349 Cross Creek Way Tallahassee, FL 32301	1349 Cross Creek Way Tallahassee, FL 32301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 06/12/1967

5. FEI Number 59-6177354 ☐ 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
STEVE ROBERTS

900003535719--4
-01/12/01--01060--004
****122.50 ****122.50

Street Address (P.O. Box Number is Not Acceptable)
1349 CROSS CREEK WAY

Suite, Apt. #, Etc.

City: TALLAHASSEE, State: FL, Zip Code: 32301

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 Stephen A. Roberts Date 12-04-2000
REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

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
PRESIDENT	STEVE ROBERTS	7007 ROBERTS RD.	TALLAHASSEE, FL 32308
V. PRES.	WILLIAM ROBERTS	7107 ROBERTS RD.	TALLAHASSEE, FL 32308
SEC. TRSR.	DOTY WENZEL	7023 ALHAMBRA DR.	TALLAHASSEE, FL 32311
DIR.	JACK CONRAD	RT. 31 BOX 198	TALLAHASSEE, FL 32312
DIR.	BOB POPPELL	2703 BRENNER PASS	TALLAAHSSEE, FL 32303
DIR.	DON KEENAN	2838 W. W KELLY RD.	TALLAHASSEE, FL 32311

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.

KE

SIGNATURE: Stephen A. Roberts 12-04-2000 (850) 877-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #