

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** , N97000004100

1. Corporation Name

**COALITION FOR RESPONSIBLE FARMING, INC.**

Principal Place of Business  
**1516 Hillcrest Street  
Suite 310  
Orlando, FL 32803**

Mailing Address  
**1516 Hillcrest Street  
Suite 310  
Orlando, FL 32803**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

7/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 98-99

99 JAN 29 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Jorge Dominicus	1516 Hillcrest Street Suite 310	Orlando, FL 32803
D	John Sowinski	1516 Hillcrest Street Suite 310	Orlando, FL 32803
D	Barbara Miedema	1516 Hillcrest Street Suite 310	Orlando, FL 32803
			500002771595--7 -02/10/99--01060--001 *****61.25 *****61.25
			500002771595--7 -02/10/99--01060--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
**John Sowinski**  
Street Address (P.O. Box Number is Not Acceptable)  
**1516 Hillcrest Street**  
Suite, Apt. #, Etc.  
**Suite 310**  
City  
**Orlando** State **FL** Zip Code **32803**

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

**John Sowinski**

REGISTERED AGENT MUST SIGN

Date **1/11/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(j), 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:

**John Sowinski, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/11/99**

407-895-5770  
Daytime Phone #

CR2E090 (1/98)