

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 31 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025221**

1 Corporation Name

SOUTHERN CROSS OSTRICH FARM, INC.

Principal Place of Business

ROUTE 2 BOX 322
COUNTY ROAD 325A
ALACHUA FL

Mailing Address

ROUTE 2 BOX 322
COUNTY ROAD 325A
ALACHUA FL

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite 410

Suite, Apt. #, etc.

3100 West End Ave

City & State

Nashville, TN

Zip

37203

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1994

5. FEI Number

59-3232885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
to 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/ S/T	OLIVE, NORVELL	RT 2 BOX 322 N/A	ALACHUA FL
ST	OLIVE, JUDIE	RT 2 BOX 322 CR 235A	ALACHUA FL

600002046256-54
-01/06/97--01004-024
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

HEMKE, DONALD E
ONE HARBOUR PLACE
SIXTH FLOOR
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

FOURTH FLOOR

City

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/28/94**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/94 (615) 292-2244

Date Daytime Phone #

CR2040 (7/96)