

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED
 98 NOV 30 PM 3:09

DOCUMENT # **P97000103600**

1. Corporation Name
MCCRAY FARMS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 RT 3, BOX 273 RT 3, BOX 273
 MAYO FL 32066 MAYO FL 32066



REINSTATEMENT

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 12/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3471390	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P	MCCRAY, HAROLD L	RT 3, BOX 273	MAYO FL 32066
D Y P	HOLMES, FAYE P	RT 3, BOX 273	MAYO FL 32066

400002703724--7
 12-04-98 01100 011
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
MCCRAY, HAROLD L RT 3, BOX 273 MAYO FL 32066		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		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: *Harold McCray* **REQUIRED** Date: _____
 REGISTERED AGENT MUST SIGN *Harold McCray*

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)(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: *Harold McCray* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Harold McCray*
 Date: _____ Daytime Phone #: _____

CR2E040 (9/98)