

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

97 JUL 11 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519403

1. Corporation Name
RIVER ERROR FARMS, INC.

Principal Place of Business Mailing Address
P.O. Box 2146
PANAMA CITY, FL 32402-2146

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

REINSTATEMENT

96-97 00

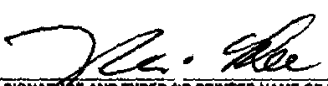
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12-1-76	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2060037	
Country		Country		Applied For	
USA		USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status.	

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/O	HARDEE, ALEXANDER F.	709 BELLEVILLE AVE.	BRENTON, AL 36427
T/O	HARDEE, LAURANCE A.	1267 CARRI DR.	PANAMA CITY, FL 32405
S/O	HARDEE, CARY A.	215 SE PINEKNEY ST.	MADISON, FL 32340
V/O	HARDEE, JAMES E. JR.	330 CLEARSPRINGS CT.	MARIETTA, GA.
800002238128--1 07/15/97-01036-005 ***\$15.00 ***\$15.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HARDEE, CARY A. 215 S.E. PINCKNEY ST. MADISON, FL 32340		Name LAURANCE A. HARDEE Street Address (P.O. Box Number is Not Acceptable) 1267 CARRI DR. Suite, Apt. #, Etc. P.O. BOX 1042 City PANAMA CITY State FL Zip Code 32402	
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.		Date 7-8-97	

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:  TREAS. / DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURANCE A. HARDEE
Date 7-8-97
Daytime Phone #