

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 OCT 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002676811--8
-10/30/98--01057--014
****900.00 ****900.00

DOCUMENT # 156170

1. Corporation Name
OHOOPEE FARMS, INC

Principal Place of Business
6853 CRUSO ROAD
CANTON, NC 28716

Mailing Address
6853 CRUSO ROAD
CANTON, NC 28716

REINSTATEMENT 97-98

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 8/1/73	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2240940	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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		
PRES.	WHELCHER, DAVID M	1973 PISGAH CREEK ROAD	CANTON, NC 28716		
DIRECTOR	WHELCHER, JOHN	2830 BANGAN BLVD. CIRCLE	BOCA RATON, FL 33431		

10-27-98

8. Name and Address of Current Registered Agent

JOHN WHELCHER
2830 BANGAN BLVD. CIRCLE
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** 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 John Whelcher
REGISTERED AGENT MUST SIGN

Date 9/29/98

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)(l), 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: David M. Whelcher, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/98

(828) 646-0564

Date

Daytime Phone #

David M. Whelcher