

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

97 NOV 10 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 239710

1. Corporation Name

IOEI FARMS, INC.

Principal Place of Business

Mailing Address

PO Box 3005
Florida City Florida 33034

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/60

5. FEI Number

59-0955803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Peter Iori Jr.	20410 SW 360th Street	Florida City, Florida 33034-4103
VD	Simona Iori	20410 SW 360th Street	Florida City FL, 33034-4103
SD	DAVID Iori	20410 SW 360th Street	Florida City FL, 33034-4103
TD	Peter A. Iori	20410 SW 360th Street	Florida City F, 33034-4103
Asst. VD	Elaine M. Iori	20410 SW 360th Street	Florida City FL 33034-4103
Asst SD	Denise Iori Webb	20410 SW 360th Street	Florida City FL 33034-4103

8. Name and Address of Current Registered Agent

Edward E. Sawyer
200 South Biscayne Boulevard
4900
Miami Florida 33131

9. Name and Address of New Registered Agent

Name Myron Gold
Street Address (P.O. Box Number is Not Acceptable)
2900 SW 28th Terrace
Suite, Apt. #, Etc. 7th Floor
City Miami
State FL Zip Code 33133

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 10-27-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

100002346801--9

-11/13/97-01089-003

*** (See other side for information) *** 758.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

President /
Director

Date

Daytime Phone #

10/30/97, 247-3557

CR2E040 (12/96)