APPLICATION FOR REINSTATEMENT 1996 FOR SHADY GROVE DAIRY FARM, INC.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 10 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 240722

SHADY GROVE DAIRY FARM, INC.
P.O. Box 786
Callahan, FL 32011

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

800002025628--7
12/11/96--01023--012
****383.75 ****383.75

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 9/30/60

4. FEI Number: 59-0893287 ☐ FEI Number Applied For ☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres.	Anthony C. Peterson	Straton Rd - at end, 3/4 miles from A1A Callahan, FL 32011	Callahan, FL 32011
V.P.	Floyd Peterson	Straton Rd. - at end, 3/4 miles from A1A	Callahan, FL 32011
Sec.-Treas.	Mary Fitzpatrick	1210 Hopewell Crest	Alpharetta, GA 30201

REINSTATEMENT 1996

This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800. ☒ Yes ☐ No 12-10-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Anthony C. Peterson
Straton Rd. - at end - 3/4 miles from A1A
Callahan, FL 32011

7. Name and Address of New Registered Agent

Name: Same

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip Code

6. 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: Anthony C. Peterson Date: 12/9/96

REGISTERED AGENT MUST SIGN

9. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Anthony C. Peterson Date: 12/9/96 Phone # 904-879-6324

Typed or printed name of signing officer or director: Anthony C. Peterson

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

$5.75 Additional fee required for it