

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
- FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **242951**

1. Corporation Name

**T J SMITH & SON DAIRY INC**

Principal Place of Business

Mailing Address

11416 SMITH DAIRY ROAD  
BROOKSVILLE FL 34601

11416 SMITH DAIRY ROAD  
BROOKSVILLE FL 34601

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

12/17/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0921875

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	SMITH, KENNETH W	12040 SMITH DAIRY RD	BROOKSVILLE FL 34601
V	SMITH, TRUMAN J <i>Deceased</i>	11388 SMITH DAIRY ROAD	BROOKSVILLE FL 34601
SD	SMITH, JANIE D <i>Deceased</i>	11388 SMITH DAIRY ROAD	BROOKSVILLE FL 34601
			000004733180--6 -12/19/01--01060--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, KENNETH W  
12040 SMITH DAIRY ROAD  
BROOKSVILLE FL 34601

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

*Kenneth W. Smith*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-15-01**

11. 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:

*Kenneth W. Smith*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-15-01 352 7546156**