

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 SEP -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/02/99--01101--014
***908.75 ***908.75

REINSTATEMENT 98.99

DOCUMENT # 270427
1. Corporation Name E and S Dairy, Inc.

Principal Place of Business Mailing Address
6745 NE 304th Street
Okeechobee, Florida 34972

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 5/30/63	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0990738	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSID	Claudia B Rucks	6745 ne 304th St	Okeechobee FL 34972
VPD	Edwin Rucks	304 SE 8th Ave	Okeechobee FL 34972
D	Stanley Rucks	28700 NE 55th Ave	Okeechobee FL 34972

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Edwin Rucks
Street Address (P.O. Box Number is Not Acceptable) 304 SE 8th Ave
Suite, Apt. #, Etc.
City Okeechobee State FL Zip Code 34972

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

Edwin Rucks

REGISTERED AGENT MUST SIGN

Date 9-1-99

11. This corporation owes 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)(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:

Edwin Rucks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-99

Date

Daytime Phone #

CR2001 (12/98)