

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 315125

1. Corporation Name

LAKE HARRIS GREENS, INC. ~~GREEN AGNES FARMERY & CITIES, INC.~~

W01000023113

2. Principal Office Address

8830
P.O. Box 25 CR 48

Suite, Apt. #, etc.

City & State

YALAHUA, FL

Zip

34797

Country

U.S.A.

3. Mailing Office Address

P.O. Box 25

Suite, Apt. #, etc.

City & State

YALAHUA, FL

Zip

34797

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/67

5. FEI Number

59-1161609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LACY WROBEL

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 25 8830 CR 48

Suite, Apt. #, Etc.

City

YALAHUA

State

FL

Zip Code

34797

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lacy Wrobel

REGISTERED AGENT MUST SIGN

Date 8/24/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| VP- | LACY WROBEL | P.O. Box 25 8830 CR 48 | YALAHUA, FL 34797 |
| PS | KERRY WROBEL | P.O. Box 25 8830 CR 48 | YALAHUA, FL 34797 |
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10. 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:

Lacy Wrobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-324-3115

Daytime Phone #

CR2E081 (9/00)