

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

09 MAR 17 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #39246

1. Corporation Name

Eastin Agricultural, Inc.

Principal Place of Business

Mailing Address

WPA-6276

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1811 W. Beresford Avenue

Suite, Apt. #, etc

City & State

DeLand, Florida

Zip

32720

Country

USA

3. New Mailing Office Address, If Applicable

1811 W. Beresford Ave.

Suite, Apt. #, etc

City & State

DeLand, Florida

Zip

32720

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/27/67

5. FEI Number

59-1195759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

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
P D S T	George M. Erickson	1811 W. Beresford Ave.	DeLand, FL 32720

600002814856--1

-03/23/99--01025--023

\*\*\*2972.50 \*\*\*2972.50

600002814856--1

-03/23/99--01025--024

\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

George M. Erickson

~~114 W. Rich Avenue~~

~~DeLand, FL 32720~~

9. Name and Address of New Registered Agent

Name: George M. Erickson (Same as previous Reg. Agent - new address)

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

1811 W. Beresford Avenue

Suite, Apt. #, Etc

City

DeLand

State

FL

Zip Code

32720

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

*George M. Erickson*  
REGISTERED AGENT MUST SIGN

Date 3 / 8 / 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 individual's 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:

*George M. Erickson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George M. Erickson, 3 / 8 / 99  
President

Date

(904) 736-9287

Daytime Phone #