

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 384820

1. Corporation Name

Maiden Hill Dairy, Inc.
11451 Browning Road
Lithia, FL 33547

2. Principal Office Address

11451 Browning Road

Suite, Apt. #, etc.

City & State

Lithia, FL

Zip

33547

Country

United States

3. Mailing Office Address

11451 Browning Road

Suite, Apt. #, etc.

City & State

LITHIA, FL

Zip

33547

Country

United States

REINSTATEMENT

97-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/29/71

5. FEI Number

59-1479220

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

Robert S. Trinkle,

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

121 North Collins Street

Suite, Apt. #, Etc.

Plant City, FL 33564-0040

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-26-03

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
PD	Vernon E. Blackadar	11451 Browning Road	Lithia, FL 33547
SD	Sandra J. Blackadar	11451 Browning Road	Lithia, FL 33547

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:

Vernon E. Blackadar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

813-689-2989

Daytime Phone #

CR2E081 (9/00)