

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 388294

1. Corporation Name

FARMER ELECTRIC COMPANY

Principal Place of Business

Mailing Address

1021 PALM VIEW DRIVE  
PO BOX 4023  
SOUTH DAYTONA FL 32119-2472

PO BOX 4023  
SOUTH DAYTONA FL 32121  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1971

5. FEI Number

59-1367589

Applied For

Not Applicable

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|---|--|---|
| PD            | FARMER, CHARLES M                         | 783 SUGAR CANE LANE  | PORT ORANGE FL  |
| D             | FARMER, ANNE M                            | 783 SUGAR CANE LANE  | PORT ORANGE FL  |
| D             | FARMER, ANNE M                            | 909 CAREY DRIVE  | SOUTH DAYTONA FL  |
| VP            | FARMER, DAVID M                           | 4682 HIDDEN LAKES DRIVE  | PORT ORANGE FL  |
|               |   |  | 600002699696 -- 1<br>-12/02/98--01001--021<br>****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARMER, CHARLES M.  
783 SUGAR CANE LANE  
PORT ORANGE, FL  
PORT ORANGE FL 32119

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

*Charles M. Farmer*  
REGISTERED AGENT MUST SIGN

**SIGNATURE REQUIRED**

Date 11-16-98

11. This corporation owes or has paid 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:

*Charles M. Farmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-98 904-767-2600

CR2ED040 (9/98)