

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL 19 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/10/02--01049--003  
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1988-2002 UBR

DOCUMENT # 421784

1. Corporation Name

T. & E. Farm, Inc.

2. Principal Office Address

5411 St. Helena Rd.

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip

33898

Country

USA

3. Mailing Office Address

P.O. Box 818

Suite, Apt. #, etc.

City & State

Eagle Lake, FL

Zip

33839

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

3/22/1973

5. FEI Number

59-1448514

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

Tim Ford

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

5411 St. Helena Rd

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33898

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

Tim Ford

Date

7/18/02

REGISTERED AGENT MUST SIGN

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	Tommy J. Ford	5411 St. Helena Rd	Lake Wales, FL 33898
VD	Tim Ford	"	"
STD	Elizabeth Ford	"	"

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)(l), 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:

Tim Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

Date

8134393232

Daytime Phone #

2ed 2

T. & E. Farm, Inc.

July 18, 2002

Kathy Ashton  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida

Dear Kathy Ashton,

I did not receive the Uniform Business Reports.

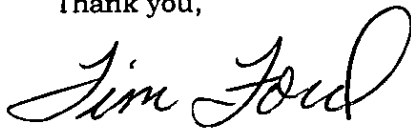
Per our conversation I have enclosed \$1,932.50 for reinstatement fees and \$8.75 for a Certificate of Status.

I request that you fax a Corporate Detail Record Screen to my attention at (863) 439-4900.

Kathy, it has been a pleasure to deal with you concerning this matter.

**YOU ARE SPECIAL!**

Thank you,



Tim Ford  
Vice President/ Director  
T&E Farms, Inc.

5411 Saint Helena Road Lake Wales, Florida 33898