

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 SEP 25 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 83-23

DOCUMENT # 436194

1. Corporation Name

Scott's Madraslaw Farms, Inc.

2. Principal Office Address

5536-B Alliance Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 137  
Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Altamonte, FL

Zip

32448

Country

Zip

32421

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-30-82

5. FEI Number

59-1484316

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

Glenda F. Swearingen, Attorney at Law

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

3173 4th Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

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

9/13/03

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
Pres.	<u>John T. Scott</u>	<u>3936 Bright Prospect Rd</u>	<u>Marianna FL 32448</u>
V. Pres.	<u>William S. Scott</u>	<u>5536A Alliance Rd</u>	<u>Marianna FL 32448</u>
Secy.	<u>Wanda D. Scott</u>	<u>3936 Bright Prospect Rd</u>	<u>Marianna FL 32448</u>

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:

John F. Scott John T. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-03

Date

762-8212

Daytime Phone #

CR2001 (10/02)

JK 9/29