

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 476870

1. Corporation Name

NEAL FARMS MARKET, INC.

Principal Place of Business

103 N.E. 1ST STREET
DELRAY BEACH FL 33444

Mailing Address

103 N.E. 1ST STREET
DELRAY BEACH FL 33444

97 DEC 19 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1629657

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	NEAL, GARY	115 1/2 NE FIRST ST	DELRAY BCH, FL 00000
DV	NEAL, JEFFREY L.	4557 ELWOOD DR	DELRAY BCH, FL 00000
PD	NEAL, VICTOR H.	701 NW 2ND AVE	DELRAY BCH, FL 00000
D	NEAL, JO H.	701 NW 2ND AVE	DELRAY BCH, FL 00000
			6000002380156-0 -12/23/97--01033--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPINNER, JOHN W.
501 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name
DITTMAN, ROBERT A.
Street Address (P.O. Box Number is Not Acceptable)
501 EAST ATLANTIC AVENUE
Suite, Apt. #, Etc.

City
DELRAY BEACH
State
FL
Zip Code
33483

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

Robert A. Dittman

REGISTERED AGENT MUST SIGN

Date 12-16-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victor H. Neal Victor H. Neal 12-15-97 561-278-6406

CR2E040 (8/97)