

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

MAY 19 1997
TALLAHASSEE, FLORIDA

DOCUMENT # 533833

1. Corporation Name

UNITED FARM AGENCY OF FLORIDA, INCORPORATED

Principal Place of Business
800 W. 47th Street
Suite 225
Kansas City, MO 64112-1244

Mailing Address same as principal
place of business

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

May 17, 1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

43-1109854

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
1	2	3	4
Pres/ Sec.	Robert W. Haas	800 W. 47th Street Suite 225	Kansas City, Missouri 64112-1244
			400002353444--5 -11/20/97--01099--003 ***1080.00 ***1080.00

REINSTATEMENT

400002353444--5
-11/20/97--01099--004
*****17.50 *****17.50

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

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 See attached acceptance of CT Corporation System
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert W. Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert W. Haas

Date

Daytime Phone #

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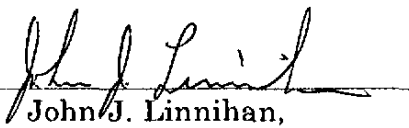
ACCEPTANCE OF APPOINTMENT

RE: UNITED FARM AGENCY, ~~INC~~ OF FLORIDA, INCORPORATED

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 10, 1997

C T CORPORATION SYSTEM

By 
John J. Linnihan,
Assistant Vice President