PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED AND
01 NOV 13 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** 646781

**1.** Corporation Name

Neil Rucks Dairy, Inc.

REINSTATEMENT 1985 - 2001

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 3160 Gall Boulevard | | 3160 Gall Boulevard | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zephyrhills, Florida | | Zephyrhills, Florida | |
| Zip | Country | Zip | Country |
| 33541 | U.S.A. | 33541 | U.S.A. |

**4.** Date Incorporated or Qualified To Do Business in Florida: 11/30/1979

**5.** FEI Number: 59-1955467 ☐ 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: Neil Rucks

Street Address (P.O. Box Number is Not Acceptable): 3160 Gall Boulevard

Suite, Apt. #, Etc.:

City: Zephyrhills | State: FL | Zip Code: 33541

**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: Neil Rucks — REGISTERED AGENT MUST SIGN — Date: 11/5/01

CR2E081 (9/00)

**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 |
|---|---|---|---|
| P/D | Neil Rucks | 3160 Gall Boulevard | Zephyrhills, FL 33541 |
| S/T/D | Rita Rucks | 3160 Gall Boulevard | Zephyrhills, FL 33541 |
| | | | 600004689006--1 |
| | | | -11/20/01--01031--009 |
| | | | ***2528.75 ***2528.75 |
| | | | |
| | | | |

**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:** Neil Rucks — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Neil Rucks
Date: 11/5/01
813-782-6429 — Daytime Phone #

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN 

PICK UP 11/13/01 11:00

___ CERTIFIED COPY _____ ___ CUS _____

___ PHOTO COPY _____ ✓ FILING Reinstatement

1.) Neil Rucks Dairy, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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DIVISION OF CORPORATIONS
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SPECIAL INSTRUCTIONS _____

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