

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV 13 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 646781

1. Corporation Name

Neil Rucks Dairy, Inc.

2. Principal Office Address

3160 Gall Boulevard

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

Zip

33541

Country

U.S.A.

3. Mailing Office Address

3160 Gall Boulevard

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

Zip

33541

Country

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

REGISTERED AGENT MUST SIGN

Date

11/5/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

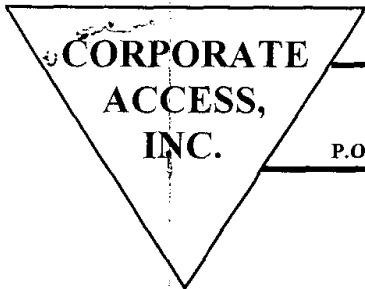
Neil Rucks

Date

11/5/01

813-782-6429

Daytime Phone #



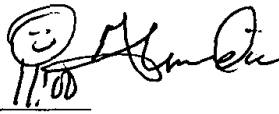
236 East 6th Avenue . Tallahassee, Florida 32303

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

WALK IN

PICK UP

11/13/01



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 #)

RECEIVED
NOV 13 AM 9:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS