

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 647040

1. Corporation Name

HARTFORD FARMS, INC.

Principal Place of Business

BOX 618, HIGHWAY 20 WEST
BLOUNTSTOWN FL 32424

Mailing Address

BOX 618, HIGHWAY 20 WEST
BLOUNTSTOWN FL 32424

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1979

5. FEI Number

59-1940375

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VAN LIEROP, RONALD A	996 MAGNOLIA AVE	BLOUNTSTOWN FL 32424
ST	SMITH, WILLIAM A	RT 2 BOX 86-D	ALTHA FL 32421
			200004658612--7 -10/30/01--01021--015 ****758.75 ****758.75
			LS

8. Name and Address of Current Registered Agent

VANLIEROP, RONALD A
BOX 618 HWY 20 WEST
BLOUNTSTOWN FL 32424

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ronald A. Van Lierop
REGISTERED AGENT MUST SIGN

Date

10/13/01

11. 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

WILLIAM A. Smith

Sec Treas

Date

10/13/01

Daytime Phone #

850 674 5431

CR2E040 (8/01)