

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 24 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 647708

1. Corporation Name

WILCLAN FARMS, INC.

Principal Place of Business

Mailing Address

1200 GARVEY ROAD, S.W.
PALM BAY, FL 32908-7105

REINSTATEMENT

98-99
aw

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/1999

5. FEI Number

59-1983905

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	PSTD ELIZABETH C WILLIAMS	1200 GARVEY ROAD, S.W.	PALM BAY, FL 32908
	VPD WILLIAMS, PAUL D	1400 GARVEY ROAD S.W	PALM BAY FL 32908
	VPD WILLIAMS DANIEL L.	1300 GARVEY ROAD SW	PALM BAY, FL 32908

0000002827320-9
-04/01/98-01119-002
***750.00 ***750.00
0000002827320-9
-04/01/98-01119-002
***150.00 ***150.00

8. Name and Address of Current Registered Agent

ELIZABETH C. WILLIAMS
1200 GARVEY ROAD S.W
PALM BAY FL 32908

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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

Elizabeth C. Williams

REGISTERED AGENT MUST SIGN

Date 17 Decemb. 1998

11. This corporation owes 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)(b), 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.

ELIZABETH C. WILLIAMS

SIGNATURE:

Elizabeth C. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 March 1999 407-727-1015

Date Daytime Phone #

CP2508 (12/98)