

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  
96 NOV -4 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 668409

1. Corporation Name

LEE FEED & FUEL, INCORPORATED

Principal Place of Business

U.S. HWY 90 WEST  
P.O. BOX 9427  
LEE FL 32059

Mailing Address

U.S. HWY 90 WEST  
P.O. BOX 9427  
LEE FL 32059

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1980

5. FEI Number

58-2077871

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	HENDERSON, ALVIN	RT 1 BOX 2400	LEE FL
V	SHERARD, JOE	P.O. BOX 582 WA	MADISON FL
GTB	BRADFIELD, BEN	RT 1 BOX 130	LEE FL
D	HUNTER, JACK	RT 2 BOX 280	GREENVILLE FL
D	AGNER, WILIE	RT1 BOX 2580	LEE FL
780082888957-0 -11/08/96--01106--007 ***375.00 ***375.00			

8. Name and Address of Current Registered Agent

BROWNING, JR., EDWIN B.  
901 W. BASE STREET  
MADISON FL 32340

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

EDWIN B. BROWNING, JR.  
REGISTERED AGENT MUST SIGN

Date Nov. 1, 1996

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-96

Date

904  
971-557  
Daytime Phone #

CHS 40 (7/96)