

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706921

1. Corporation Name

FLORIDA INTERNATIONAL AGRICULTURAL TRADE COUNCIL, INC.

Principal Place of Business

MAYO BUILDING
ROOM 418
TALLAHASSEE FL 32399-7800
US

Mailing Address

MAYO BUILDING
ROOM 418
TALLAHASSEE FL 32399-7800
US

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

2. New Principal Office Address, If Applicable

C/O SunTrust Bank
Suite, Apt. #, etc.
210 NE 2nd St.
City & State
Ocala, FL
Zip
34470 Country
US

3. New Mailing Office Address, If Applicable

C/O SunTrust Bank
Suite, Apt. #, etc.
210 NE 2nd St.
City & State
Ocala, FL
Zip
34470 Country
US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1964

5. FEI Number

59-6213580

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
TD SD	DAILEY, HUGH	P.O. BOX 310 N/A	OCALA FL
PD	BALDWIN, LEROY	3660 NW 56TH STREET	OCALA FL
VD	OELFHE, WALTER	RT. 1, SPRING RIDGE, 438 MOORE S	HIGH SPRINGS FL
SD VD	PARAJON, ROBERTO E.	1201 SOUTH OCEAN DRIVE, APT. 26-	HOLLYWOOD FL
T	Beckie K. Cantrell	P.O. Box 310	Ocala, FL 34470

8. Name and Address of Current Registered Agent

DAILEY, HUGH
210 NE 2ND ST.
C/O SUNTRUST BANK, NCF P.O. BOX 310
OCALA FL 32678

9. Name and Address of New Registered Agent

Name **Beckie K. Cantrell**
Street Address (P.O. Box Number is Not Acceptable)
210 NE 2nd St.
Suite, Apt. #, Etc.
C/O SunTrust Bank, NCF P.O. Box 310
City
Ocala
State
FL Zip Code
34470

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

Beckie K. Cantrell
REGISTERED AGENT MUST SIGN

Date **12-30-98**

11. This corporation owes or has paid 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.

SIGNATURE:

Beckie K. Cantrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98 (352) 368-6311
Date Daytime Phone #

CR2E040 (9-98)