

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -7 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 706921

1. Corporation Name

Florida International Agricultural
Trade Council

2. Principal Office Address

3660 NW 56th St.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34475

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2/1964

5. FEI Number

59-6213580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

02-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Beckie K Cantrell

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

4700 NE 97th St. Rd.

Suite, Apt. #, Etc.

City

Anthony

State

FL

Zip Code

32617

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

Beckie K Cantrell
REGISTERED AGENT MUST SIGN

Date 10/26/06

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
Pres/D	Leroy Baldwin	3660 NW 56 th St.	Ocala, FL 34475
V. Pres/D	Sergio Bervacqua	1286 NE 63 rd St.	Ocala, FL 34479
Treas/D	Beckie K. Cantrell	4700 NE 97 th St. Rd	Anthony, FL 32617
Secy/D	Hugh F. Dailey	P.O. Box 1570	Ocala, FL 34474
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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 contained in Chapter 119, 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

Date

10/26/06

Daytime Phone #

(352) 351-0239