

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 25 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711641

1. Corporation Name

Florida Society of Farm Managers  
and Rural Appraisers, Inc.

2. Principal Office Address

1940 10th Ave

Suite, Apt. #, etc.

Suite C

City & State

Vero Beach FL

Zip

32960

Country

USA

3. Mailing Office Address

1940 10th Ave

Suite, Apt. #, etc.

Suite C

City & State

Vero Beach, FL

Zip

32960

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1966

5. FEI Number

65-0035583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Juliana Young

400055979234

06/09/05--01061--010 \*\*358.75

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

~~505~~ 1940 10th Ave Suite C

Suite, Apt. #, Etc.

He

City

Vero Beach

State

FL

Zip Code

32960

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

Juliana Young

REGISTERED AGENT MUST SIGN

Date 5/13/2005

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
PP	Dan Marvel	12 First Street	Gainesville, FL 32602
P	Steve Blaschka	2379 Board Street	Brooksville, FL 34604
VP	Carson McCurdy	509 S. Indian River Dr	Fort Pierce, FL 34950
D	John Reynolds	5700 S.W. 34th St S324	Gainesville, FL 32608
S	Juliana Young	1940 10th Av Suite C	Vero Beach, FL 32960

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 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:

Juliana Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/2005

Date

772-562-0532

Daytime Phone #

2x106

CR2E081 (01/05)