

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 719890

1. Corporation Name

AGRIBUSINESS INSTITUTE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5700 S.W. 34TH STREET
GAINESVILLE FL 32608
US

ROD HEMPHILL
P.O. BOX 147080
GAINESVILLE FL 32614
US

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

Agriculture Institute
P.O. Box 140157

Gainesville, FL

32614

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1970

5. FEI Number

59-1381461

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	City / State / Zip
SD	BEST, ERIN Pace, Casey	P.O. BOX 2031 P.O. Box 89	PLANT CITY FL 34288 33802
D	SMITH, CHUCK	4508 OAK FAIR BLVD	TAMPA FL 32611
TD	POUCHER, DON	UF 4021 MCCARTY HALL P.O. Box 6031 110135	GAINESVILLE FL 32611-0135
VP	BACKMAN, LISA Susan Howard	P.O. BOX 80 P.O. Box 620257	LAKE LAND FL 33802 32762-0257
P	MOTT, MERRY Lisa Backman	1533 PARK CENTER DR. 1715 Highway 17 South	ORLANDO FL 32835 33830
D	HEMPHILL, ROD	5700 SW 34TH ST	GAINESVILLE FL

8. Name and Address of Current Registered Agent

HEMPHILL, ROD
5700 SW 34TH ST
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004679525-3

11/14/01-01093-008

***245.00 ***245.00

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

Rod L. Hemphill

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/2001

11. 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:

Susan Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/2001 352-3920437