PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT (97)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 790228

1. Corporation Name

LAKE GARFIELD CITRUS COOPERATIVE

Principal Place of Business
361 Ave K, SW
P.O. Box 957
Winter Haven, FL 33880

Mailing Address
P.O. Box 1012
Lake Wales, FL
33859-1012

REINSTATEMENT 97 QUD

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

4. Date Incorporated or Qualified To Do Business in Florida 6-15-1938

5. FEI Number 59-0140790 | 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	A.V. COKER	805 SUNSET AVE.	BARTOW, FL 33830
PD	R.C. HARLEY	685 E. PEARL ST.	BARTOW, FL 33830
D	HELEN P. WEAR	639 LK. HOLLINGSWORTH DRIVE	LAKELAND, FL 33801
ST	KEN SIKES	351 AVE K, SW	WINTER HAVEN FL 33880

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8. Name and Address of Current Registered Agent

Kenneth W. Sikes
351 Ave K, SW
Winter Haven, FL 33880

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 Kenneth W. Sikes
REGISTERED AGENT MUST SIGN
Date 12-17-97

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.

Kenneth W. Sikes, S-T

SIGNATURE: Kenneth W. Sikes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-97 Date

(941) 293-9679 Daytime Phone #

CR2EC40 (12/96)