

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 22 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 790396

1. Corporation Name

FARSOUTH GROWERS COOPERATIVE ASSOCIATION

Principal Place of Business

Mailing Address

1200 N.W. 4TH ST.  
HOMESTEAD FL 33030

1200 N.W. 4TH ST.  
HOMESTEAD FL 33030

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

2. New Principal Office Address, If Applicable  
1210 N.W. 4TH ST.

3. New Mailing Office Address, If Applicable  
1210 N.W. 4TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOMESTEAD, FL

City & State  
HOMESTEAD, FL

Zip  
33030

Country  
USA

Zip  
33030

Country  
USA



REINSTATEMENT 1999

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/1941

5. FEI Number

59-0548826

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PETERS, L H	7500 S.W. 154 TERRACE	MIAMI FL
VD	PETERS, P H	6786 S.W. 89 TERRACE	MIAMI FL
ST D	KEARNEY, ROBIN	12801 SW 65TH AVE	MIAMI FL
			600003071776--7 -12/15/99--01100--001 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWE, OSMOND O., JR.  
MERSHON, SAWYER, JOHNSTON, DUNWOODY & CO.  
200 S. BISCAYNE BLVD., SUITE 4500  
MIAMI FL 33131

Name  
MARTIN L. SANDLER  
Street Address (P.O. Box Number is Not Acceptable)  
729 INGRAHAM BLDG  
Suite, Apt. #, Etc.  
25 S.E. SECOND AVE  
City  
MIAMI

State  
FL

Zip Code  
33131

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

*Martin L. Sandler*  
REGISTERED AGENT MUST SIGN

Date 11/10/99

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:

*Lewis H. Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/99

305 247-2141

CR25240 (8/99)