

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **790484**

1. Corporation Name

PINELLAS COUNTY FARM BUREAU LAA.

Principal Place of Business

Mailing Address

13596 66TH ST
LARGO FL 33771
US

13596 66TH ST
LARGO FL 33771
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

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 3 (Do NOT Use Post Office Box Numbers)	City/State/Zip 4
VP	STEVE KOMLOS	216 DRIFTWOOD DR	PALM HARBOUR FL
PD	PRENTICE DORT	304 BAMBOO LANE	HARBOR BLUFF FL
D	HARRY HANCOCK	1749 BELLAIR ROAD	CLEARWATER FL
T	EDWARDS, DONALD C.	2801 BRYANS LN.	TARPON FL
D	WHITTON, GIL	1300 CASA VISTA	PALM HARBOR FL
D	CASEY, GEORGE	2801 BRYANS LANE	TARPON SPRINGS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORT, PRENTICE
304 BAMBOO LANE
HARBOR BLUFF FL 34640

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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

Colleen A. Scherba
REGISTERED AGENT MUST SIGN

REQUIRED

Date

11/13/98-

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

SIGNATURE:

Prentice Dort
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-98 536-2761

FILED

98 NOV 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

06/12/1967

5. FEI Number

59-0792529

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR25040 (9/96)