

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG -2 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790719

1. Corporation Name

CLAY COUNTY FARM BUREAU LAA

100078465771
08/08/05--01027--024 **367.50

CR2E081 (12/05)

2. Principal Office Address

3960 Lazy Acre Road

3. Mailing Office Address

3960 Lazy Acre Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg FL

City & State

Middleburg FL

Zip
32068

Country
USA

Zip
32068

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1954

5. FEI Number

596177719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jesse Godbold

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

3960 Lazy Acre Road

Suite, Apt. #, Etc.

City

Middleburg

State
FL

Zip Code

32068

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

Jesse Godbold
REGISTERED AGENT MUST SIGN

Date

7-31-06

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
P/D	Jesse Godbold	205 Park Street	Green Cv Spg FL 32043
VP/D	Randolph Padgett	4441 Weeks Road	Green Cv Spg FL 32043
S/D	Norma Jean Parrish	6235 County Rd 218	Jacksonville FL 32234
D	Eugene Hickey	6806 Sharon Rd	Green Cv Spg FL 32043
D	Jesse Spencer	3529 Kindewood Dr	Middleburg FL 32068
D	Gerald Spurlin	3199 State Rd 16 W	Green Cv Spg FL 32043

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 contained in Chapter 119, 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:

Jesse Godbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse Godbold

Date

7-31-06 9042849426

Daytime Phone #