

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 790741

1. Corporation Name

GULF COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

HWY 71 S.  
P.O. BOX 706  
WEWAHITCHKA FL 32465-0706

HWY 71 S.  
P.O. BOX 706  
WEWAHITCHKA FL 32465-0706

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

REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1955

SP

5. FEI Number

50-6177725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	LANIER, L L	HWY 71 SOUTH	WEWAHITCHKA FL
VD	LAIRD, C R	HWY 71 S	WEWAHITCHKA FL
SD	JONES, MILDRED	HWY 71 S.	WEWAHITCHKA FL
D	WILLIAMS, CURTIS	120 LAKE GROVE RD	WEWAHITCHKA FL
D	CLECKLEY, CHARLES	RIVER ROAD	WEWAHITCHKA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LL LANIER  
HWY. 71 SOUTH  
WEWAHITCHKA FL 32465

Name  
L.L. LANIER  
Street Address (P.O. Box Number is Not Acceptable)  
HWY. 71, SOUTH  
Suite, Apt. #, Etc.

WEWAHITCHKA FL 32465

State Zip Code  
FL 32465

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*[Signature]* REQUIRED  
REGISTERED AGENT MUST SIGN L.L. LANIER

Date Oct 29 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:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
L.L. LANIER

Date

Daytime Phone

659.5679