

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790997

1. Corporation Name

ALTHA FARMERS COOPERATIVE, INC.

Principal Place of Business

HWY 71 NORTH
ALTHA FL 32421-9504
US

Mailing Address

PO BOX 98
ALTHA FL 32421
US

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

03/16/1970

5. FEI Number

59-1306090

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 3	City / State / Zip 4
D	PRICE, DAVID	RT. 1 BOX 77	BLOUNTSTOWN FL 32424
ST	PEACOCK, WILLIAM WATFORD, JERRY E.	RT. 1 BOX 208 RT. 1 BOX 231	ALTHA FL 32421
P/D	WARD, GARY	RT 2 BOX 730	BLOUNTSTOWN FL 32424
D	MELTON, DON	RT 2 BOX 101	ALTHA FL 32421
D	PEACOCK, MARK	RT 2 BOX 31-A	ALTHA FL 32421
VP/D	STONE, JOHN W	RT 1 BOX 231	ALTHA FL 32421

8. Name and Address of Current Registered Agent

WATFORD, JERRY E
RT 1 BOX 231
ALTHA FL 32424

9. Name and Address of New Registered Agent

Name

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

200008885682

Suite, Apt. #, Etc.

11/08/02--01027--005 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/01/02

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
JERRY WATFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

Date

850-762-2567

Daytime Phone #

CR2E040 (8/02)