

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F00000006257

1. Corporation Name

FRONTIER SEED CO., INC.

Principal Place of Business

C/O SEEDWORKS, INC.
559 SAN YSIDRO ROAD, SUITE B
SANTA BARBARA CA 93108

Mailing Address

C/O SEEDWORKS, INC.
559 SAN YSIDRO ROAD, SUITE B
SANTA BARBARA CA 93108

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

11/08/2000

5. FEI Number 77-0503471

APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MINNICK, TOM	559 SAN YSIDRO ROAD, SUITE B	SANTA BARBARA CA 93108
SD	JECK, ERIC	559 SAN YSIDRO ROAD, SUITE B	SANTA BARBARA CA 93108
TD	STRUCK, JOHN	559 SAN YSIDRO ROAD, SUITE B	SANTA BARBARA CA 93108
V	ATKINSON, DAVID	559 SAN YSIDRO ROAD, SUITE B	SANTA BARBARA CA 93108
500004704479--8 -12/04/01--01065--010 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

11/1/01 (805) 969-1528



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David R. Atkinson
Chief Executive Officer

October 31, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Attached are the following for Frontier Seed Co.

- Application for Reinstatement
- Check for \$150.00

We never received the annual report form that should have been filed. Our understanding from your representative is that the fee may be waived if the annual report form was not received, therefore we hereby request waiver of the fee.

Thank you for your assistance.

Sincerely,

David R. Atkinson
CEO