

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F0100000049D**

1. Corporation Name

Ag Warehouse & Packing

3101 Stonybrook Dr
3101 Stonybrook Dr

2. Principal Office Address

3101 Stonybrook Dr

3. Mailing Office Address

3101 Stonybrook Dr

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Raleigh

City & State

Raleigh

Zip

NC

Country

USA

Zip

27604

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 01-01-98

5. FEI Number
56-2061842

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/12/04

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
Pres	M. E. Davis, Jr.	3101 Stonybrook Dr	Raleigh, NC 27604
Sec	Michael McGee	2925 Huntleigh Dr	Raleigh, NC 27604
Treas	Lee Anne McGee Oxford	2925 Huntleigh Dr	Raleigh, NC 27604

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 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] M.E. DAVIS, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-06-04

Date

919 875 4040

Daytime Phone #

CR2E081 (01/04)