

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 MAR 22 PM 3:28

FILE DATE
FL

400884219844

DOCUMENT # F05000007452
1. Corporation Name
Liberty Acres Fertilizer Corporation

2. Principal Office Address - No P.O. Box # 1101 Industrial Blvd.		3. Mailing Office Address PO Box 1186	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Greenville NC		City & State Greenville NC	
Zip 27834	Country USA	Zip 27835	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
7/2/93

5. FET Number 57-0980874	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED
Yes

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

State, Apt. #, etc.

City
Tallahassee

State
FL

Zip Code
32301

REINSTATEMENT
2010 - 2022

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 Eylina Baker Date 03/24/2022
REGISTERED AGENT MUST SIGN

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	Erwin Newell	1101 Industrial Blvd.	Greenville NC 27834
D	Victor Lilley	1101 Industrial Blvd.	Greenville NC 27834

10. E-mail Address: modom@tristag.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Victor Lilley Victor Lilley Date 3/21/22 252-917-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 14 2022

BR 1071.11 3

RESUBMIT
Please give original
submission data as file date

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 565801 7927113
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 2550.00

ORDER DATE : March 22, 2022
ORDER TIME : 9:38 AM
ORDER NO. : 565801-005
CUSTOMER NO: 7927113

REINSTATEMENT

NAME: LIBERTY ACRES FERTILIZER
CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS _____