

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 30 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

F65269

**1. Corporation Name**

ANTIOCH FARMS FEED & GRAIN CORPORATION

4401 North Cooper Road

4401 North Cooper Road

**2. Principal Office Address**

4401 North Cooper Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

4401 North Cooper Road

Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Plant City, Florida

Zip

33565

Country

USA

Zip

33565

Country

USA

REINSTATEMENT 03-04  
06-08-04 61007 621 \$472.50  
06-23-04 01022 001 \$472.50

**4. Date Incorporated or Qualified  
To Do Business in Florida 1982**

**5. FEI Number**  
59-2181091

☒ 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

Teri Jo Sills

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

4401 North Cooper Road

Suite, Apt. #, Etc.

City

Plant City, Florida

State  
FL

Zip Code  
33565

**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

*Teri Jo Sills*

REGISTERED AGENT MUST SIGN

Date

62804

**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.	Tony L. Sills	4401 North Cooper Road	Plant City, Florida 33565
VP	Teri Jo Sills	4401 North Cooper Road	Plant City, Florida 33565

**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)(f), 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:**

*Teri Jo Sills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

62804

Daytime Phone #

813-986-1861

CR2081 (01/04)