

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **F75618 (1)**

1. Corporation Name

FLORIDA FEED AND HARDWARE, INC.

2. Principal Office Address

1956 Hwy 98

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 409 Hwy 98

Suite, Apt. #, etc.

City & State

FLORIDA, FL 33857

Zip

33857

Country

HIGHLANDS

City & State

FLORIDA, FL

Zip

33857

Country

HIGHLANDS**REINSTATEMENT****99.00**4. Date Incorporated or Qualified
To Do Business in Florida**04/08/1982**

5. FEI Number

59-2218354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN ALAN MING

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

2147 SW 37TH AVE

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34974

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**John Alan Ming**
REGISTERED AGENT MUST SIGNDate **7/27/2000**

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, T, D	JOHN ALAN MING	2147 SW 37TH AVE	OKEECHOBEE, FL 34974
VP, S, D	SHARON ANN MING	2147 SW 37TH AVE	OKEECHOBEE, FL 34974

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.

AD

SIGNATURE

John Alan Ming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/27/2000**

Date

863-467-2362

Daytime Phone #