

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F92941**

1. Corporation Name

GARDNER HARVESTING INCORPORATED

2. Principal Office Address

1025 54th Avenue

3. Mailing Office Address

P.O. Box 4448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Ft. Pierce, FL 34948

Zip

32966

Country

USA

Zip

34948

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/1982

5. FEI Number

592-20-5190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

5-80

7. Name and Address of Current Registered Agent

Name

WILLIAM RICHARD GARDNER

300003434283-9

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

1025 54th Avenue

**10/23/00 01004 011
***1500.00 ***1500.00**

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32966

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

William Richard Gardner
REGISTERED AGENT MUST SIGN

Date

9-8-00

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
DPV	WILLIAM RICHARD GARDNER	1025 54th Avenue	Vero Beach, FL 32966

KE

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

William R. Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-8-00

Daytime Phone #