

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006697**

1. Corporation Name

LARSEN FARMS HAY TERMINAL, INC.

Principal Place of Business

P.O. BOX 188
HAMER ID 83425

Mailing Address

P.O. BOX 188
HAMER ID 83425

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *CG*

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1997

6. FEI Number

82-0466508

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SP 75. A fee of \$75.00 is required for a certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LARSEN, BLAINE	2379 E. 2300 N	HAMER ID
T	LARSEN, DAVID <i>JENSEN</i>	2379 E. 2300 N	HAMER ID
S	BEARD, WINSTON V	2105 CORONADO STREET	IDAHO FALLS ID
			800009061128-7 -12/06/99--01021--009 Fee \$750.00 Fee \$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Kathleen Gariery
Kathleen Gariery

Date November 12, 1999

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., 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:

David R Jensen
DAVID R JENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99 208 662-5501

Date

Daytime Phone #