

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G65802**

99 OCT 27 PM 6:48

1. Corporation Name

CARTER CITRUS HARVESTING, INC.

Principal Place of Business

C/O JOANNE P. CARTER
125 WEST C STREET
FROSTPROOF FL 33843

Mailing Address

C/O JOANNE P. CARTER
125 WEST C STREET
FROSTPROOF FL 33843

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2333065

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSD	FLYNN, ELIZABETH M.	503-214-776 P.O. Box 292	FROSTPROOF FL 33843
CPTD	CARTER, JOANNE P.	125 WEST C STREET	FROSTPROOF FL

500003035885--2
-11/05/99--01014--002
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CARTER, JOANNE P.
125 WEST C STREET
FROSTPROOF FL 33843

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of
Registered Agent

Joanne P. Carter
REGISTERED AGENT MUST SIGN

Date **10-21-99**

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:

Joanne P. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JoAnne P. Carter

10-21-99
Date

941-635 2143
Daytime Phone #

AD

CR25040 (8/99)