

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 19 AM 10:58

DOCUMENT # H08287

1. Corporation Name

STATE LINE FARMS INCORPORATED

2. Principal Office Address

701 E. KING ST.

Suite, Apt. #, etc.

City & State

QUINCY, FLORIDA

Zip 32351

Country
US

3. Mailing Office Address

701 E. KING ST.

Suite, Apt. #, etc.

City & State

QUINCY, FLORIDA

Zip 32351

Country
US

REINSTATEMENT 95-04
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

6-15-84

5. FEI Number

59-2432518

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

WILLIAM H. SAPP

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

701 E. KING ST.

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

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

W H Sapp

Date

2/19/04

REGISTERED AGENT MUST SIGN

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/D/S	WILLIAM H. SAPP	701 E. KING ST.	QUINCY, FL 32351
V/D	ANDREW D. SAPP, II	701 E. KING ST.	QUINCY, FL 32351

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.

SIGNATURE:

W H Sapp

WILLIAM H. SAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

850-875-2636

Daytime Phone #

TR

CR2001 (01/04)