

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # H 70803

1. Corporation Name

Van Adams Farms, Inc

FILED

02 JAN 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5311 South Hammock Rd

Suite, Apt. #, etc.

City & State

201fo Springs FL

Zip

33890

Country

US

3. Mailing Office Address

5311 South Hammock Rd

Suite, Apt. #, etc.

City & State

201fo Springs FL

Zip

33890

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-1985

5. FEI Number

59-2680196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS
FOR FILING OF STATUS

7. Name and Address of Current Registered Agent

Name

Wilbur V Adams

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

5311 South Hammock Rd

Suite, Apt. #, Etc.

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****900.00 **** 00.00

City

201fo Springs FL

State

FL

Zip Code

33890

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

Wilbur V Adams

Date

1-23-02

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
<u>Pres.</u>	<u>Wilbur V. Adams</u>	<u>5311 South Hammock Rd</u>	<u>201fo Springs FL 33890</u>
<u>Sec</u>	<u>Velva Ruth Hart</u>	<u>5311 South Hammock Rd</u>	<u>201fo Springs FL 33890</u>

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)(f), 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:

Wilbur V Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

863-735-0273

Daytime Phone #