

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **J47968**

1. Corporation Name

GANN FARMS, INC.

Principal Place of Business

Mailing Address

**22140 SW 152 AVE 22140 SW 152 AVE
SUITE 4
GOULDS FL 33170
US**

**GOULDS FL 33170
c/o PIERCE & BOWEN, CPA'S
48 NE 15 ST
HOMESTEAD, FL 33030**

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

2. New Principal Office Address, If Applicable

22140 S.W. 152 AVE.

Suite, Apt. #, etc.

City & State
GOULDS, FL.

Zip
33170

Country
US

3. New Mailing Office Address, If Applicable

C/O PIERCE & BOWEN, CPA'S

Suite, Apt. #, etc.

48 N.E. 15 ST.

City & State

HOMESTEAD, FL.

Zip
33030

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1986

5. FEI Number

59-2750193

Applied For

Not Applicable

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
DP	GANN, DONALD G.	22145 SW 154 AVE.	GOULDS FL
DV	GANN, JOYCE W.	22145 SW 154 AVE.	GOULDS FL

8. Name and Address of Current Registered Agent

**TURNER, VERNON W.
830 N. KROME AVE.
HOMESTEAD FL 33030**

9. Name and Address of New Registered Agent

Name
SANDRA T. LYNN
Street Address (P.O. Box Number is Not Acceptable)
830 N. KROME AVE.
Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33030

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/3/99**

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 807 or 817, 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 807.0401 or 817.0401, 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:

[Signature]
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/99 **205 249 5229**
Date Daytime Phone #

FILED

99 DEC -6 PM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

