PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

J58597 DOCUMENT #

1. Corporation Name

OLD TIMBERLAKE FARM COMPANY

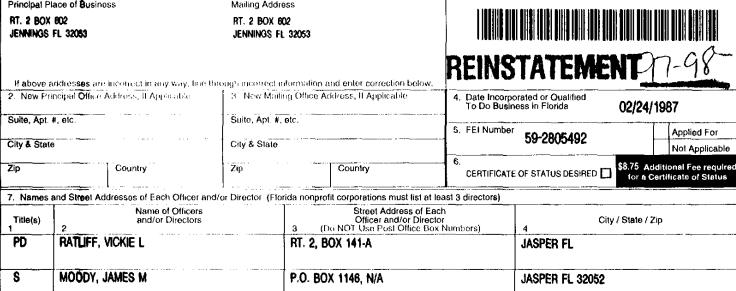
Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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S	MOODY, JAMES M	P.O. BOX 1146, N/A	JASPER FL 32052	
			5000025712451 -06/2479801064014 ****900.00 ****900.00	
	Name and Address of Current Perlatered Age			
AÌT. 2	8. Name and Address of Current Registered Ag JFF, RONALD H 2 BOX 141A PER FL 32052	Name	Street Address (P.O. Box Number is Not Acceptable)	

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.

Registered Agent

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🗵

City

(See other side for Information on Intangible tax.)

Zip Code

12. Loerlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Further certify that when filling 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: