

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -3 AM 11:30

**DOCUMENT #** J83222

**1. Corporation Name**

Green Fields Farms And Nurseries, Inc.

**2. Principal Office Address**

400 N. State St.

Suite, Apt. #, etc.

Bunnell, Fla. 32110

City & State

Zip

Country  
USA

**3. Mailing Office Address**

P.O. Box 548

Suite, Apt. #, etc.

Bunnell, Fla. 32110

City & State

Zip

Country  
USA

**REINSTATEMENT 99-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/17/1987

**5. FEI Number**

59-2830330

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

Jackson Trivett

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

14951 Highway 100 West

Suite, Apt. #, Etc.

City

Bunnell

State  
FL

Zip Code  
32110

200003262962-6  
-05/23/00-01033-006  
\*\*\*\*300.00 \*\*\*\*300.00

**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

*Jackson Trivett*

Date 5/1/00

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
PST	Jackson Trivett	14951 Highway 100 West	Bunnell, Fla. 32110
VP	Sammie D. Trivett	14951 Highway 100 West	Bunnell, Fla. 32110

**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:**

*Jackson Trivett* Jackson Trivett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/00

Daytime Phone #

904-437-2251

CR2081 (9/99)