

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 SEP 24 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Fortner Feeds, Inc

200008016292--6
-09/25/02--01001--026
***2495.00 ***2495.00

REINSTATEMENT 88-02

2. Principal Office Address

14751 NE 60TH ST

3. Mailing Office Address

14751 NE 60TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Williston, FL

Zip

32696

Country

U.S.A.

Zip

32696

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1987

5. FEI Number

59-2846647

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

Brenda Fortner

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

14751 NE 60TH ST

Suite, Apt. #, Etc.

City

Williston, FL

State

FL

Zip Code

32696

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

Brenda Fortner

REGISTERED AGENT MUST SIGN

Date

9/20/02

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
VP	Brenda Fortner	14751 NE 60TH ST	Williston, FL 32696
VP	Grady Fortner	14751 NE 60TH ST	Williston, FL 32696

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:

Brenda Fortner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/02

Daytime Phone #

CR2E081 (9/01)

js 9/24/02