

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 17 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64877

1. Corporation Name

UZZELL HONEY COMPANY, INC.

REINSTATEMENT

2. Principal Office Address

5820 SW 1ST AVE

Suite, Apt. #, etc.

3. Mailing Office Address

c/o RICHARD W WINESETT

Suite, Apt. #, etc.

2248 FIRST STREET

City & State

CAPE CORAL, FL

City & State

FORT MYERS, FL

Zip

33914

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/09/1989

5. FEI Number

59-2941280

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

RICHARD W. WINESETT

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

2248 FIRST STREET

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

900030591379

03/16/04 01110-021 **1951.00

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

Richard W. Winesett
REGISTERED AGENT MUST SIGN

Date 02/13/2004

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
DPST	BOYD UZZELL	5820 SW 1ST AVE	CAPE CORAL, FL 33914

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)(l), 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:

Boyd Uzzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Boyd Uzzell, President

2-16-04

Date

470-945-8

Daytime Phone #

CP2E081 (01/04)