

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 94-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -2 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1-82680

1. Corporation Name

BP FARMS, INC.

Principal Place of Business

N. UNION AVENUE
CRESCENT CITY, FL 32112

Mailing Address

P.O. BOX 92
CRESCENT CITY, FL 32112

300002447423--8
-03/04/98--01110--014
***1358.75 ***1358.75

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06-25-90	
City & State		City & State		5. FEI Number	
Zip		Country		59-3016634	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	WILLIAM G. PILCHER, JR.	N. UNION AVENUE	CRESCENT CITY, FL 32112

REINSTATEMENT 94-98
A. Alan
3/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
ANDREA BANNON	
Street Address (P.O. Box Number is Not Acceptable)	
20 N. SUMMIT ST.	
Suite, Apt. #, Etc.	
City	
CRESCENT CITY,	
State	Zip Code
FL	32112

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.

Signature of Registered Agent: Andrea Bannon
ANDREA BANNON REGISTERED AGENT MUST SIGN

Date: 1/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

William G. Pilcher, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) (698-1257

Daytime Phone #