

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M81444

1. Corporation Name

Terra Firma Investments, Inc.

Principal Place of Business

Mailing Address

207 Jasmine Lane
Longwood, FL 32779

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

5/18/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2890564

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. List the names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director

3. (Do NOT Use Post Office Box Numbers)

City, State, Zip

PST Roy Meadows

207 Jasmine Lane Longwood, FL 32779

REINSTATEMENT 90-99

MS 9-20-99

700002990537--2

-09/20/99--01014--010

***1992.50 ***1922.50

8. Name and Address of Current Registered Agent

Anne Strauss
4445 Fountainview Lane
Orlando, FL 32808

9. Name and Address of New Registered Agent

Name

Roy Meadows

Street Address (P.O. Box Numbers Not Acceptable)

207 Jasmine Lane

Suite, Apt. #, Etc.

City

Longwood

State Zip Code

FL 32779

10. I, the undersigned, being a registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE
REGISTERED AGENT

Roy Meadows
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information regarding taxes)

12. I, the undersigned, being a registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. I further certify that I am familiar with the provisions of the Florida Statutes regarding the requirements for the incorporation of a corporation and that the information provided on this form does not qualify for an exemption under Section 119.002(4), F.S. The information provided on this form shall have the same legal effect as if made under oath.

SIGNATURE:

Roy Meadows Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

407-788-2811

Phone Number