PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 29 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97569

1. Corporation Name

Associated Tree Farms, Inc.

Principal Place of Business

105 Tree Farm Road
Sebring, Florida 33872

Mailing Address

REINSTATEMENT 98 99 3/29/99

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: September 15, 1988

5. FEI Number: 59-293-1916 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	B. Wayne McDaniel, SR.	11515 Payne Road	Sebring, Florida 33872
VP	Bobby W. McDaniel, JR.	623 Fisher Street	Lake Placid, Flordia 33852
ST	Diane Cannon	2101 Sils Road	Lake Wales, Florida 33853

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****300.00 ****900.00

8. Name and Address of Current Registered Agent

Robert B. Bennett
46 North Washington Blvd.
Suite 29
Sarasota, Florida 34236

9. Name and Address of New Registered Agent

Name: Clifford M. Ables, III, P.A.
Street Address (P.O. Box Number is Not Acceptable): 551 South COmmerce Avenue
Suite, Apt. #, Etc:
City: Sebring
State: FL | Zip Code: 33870

CR2E041 (12-96)

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: Clifford M. Ables, III. REGISTERED AGENT MUST SIGN

Date: 3/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on filing this 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: Bobby W. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby W. McDaniel, JR.

Date: 3/24/99

Division Form #