

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12: 29

DOCUMENT # N03000004571

1. Corporation Name

Martin County Agricultural Landowners, Inc.

2. Principal Office Address

1505 SW Martin Highway

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

3. Mailing Office Address

P.O. Box 1469

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34991

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/30/2003

5. FEI Number

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

James Hagood

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

1505 SW Martin Highway

Suite, Apt. #, Etc.

City

Palm City

State
FL

Zip Code

34990

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

James C. Hagood

REGISTERED AGENT MUST SIGN

Date **3-11-06**

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
D	James Hagood	1505 SW Martin Highway	Palm City, FL 34990
D	Thomas W. Hurley	1505 SW Martin Highway	Palm City, FL 34990
D	Jeffrey J. Krieger	1505 SW Martin Highway	Palm City, FL 34990

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03/30/06--01051--001 **358.75

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 contained in Chapter 119, 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:

Thomas W. Hurley

Thomas W. Hurley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06
Date

(772) 216-8643
Daytime Phone #