

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -6 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006691

1. Corporation Name

AGRICULTURE INSTITUTE OF FLORIDA FOUNDATION INC

2. Principal Office Address - No P.O. Box #

1715 HWY 17, S

Suite, Apt. #, etc.

City & State

BARTOW FL

Zip

33830

Country

POLK

3. Mailing Office Address

P O BOX 940625

Suite, Apt. #, etc.

City & State

MAITLAND FL

Zip

32794

Country

SEMINOLE

100155530911
05/06/09--01021--001 **367.50

REINSTATEMENT 04-09

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

7-31-03

5. FEI Number

56-2380754

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

HEATHER NEDLEY

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

1715 HWY 17, SOUTH

Suite, Apt. #, Etc.

City

BARTOW

State

FL

Zip Code

33830

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Heather B. Nedley
REGISTERED AGENT MUST SIGN

Date

4/29/09

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
P	BETSY MCGILL	PO BOX 217	LABELLE, FL 33975
V	SCOTT WALLIN	166 LOOKOUT PLACE STE 166	MAITLAND, FL 32751
V	JENNIFER NELIS	1523 PARK CENTER DRIVE	ORLANDO, FL 32835
T	HEATHER NEDLEY	1715 HWY 17, SOUTH	BARTOW, FL 33830
S	KATHY RICHARDSON	PO BOX 147030	GAINESVILLE, FL 32614

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:

Heather B. Nedley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/09

Daytime Phone #

863-533-0561