

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 28 AM 8:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 006000004667

1. Corporation Name

New Panhandle Farmers
Cooperation, Inc.

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

2817 Hwy 71

Suite, Apt. #, etc.

City & State

Marianna FL

Zip

32446

Country

Jackson

3. Mailing Office Address

5787 Klondike Rd

Suite, Apt. #, etc.

City & State

Bascom FL

Zip

32423

Country

Jackson

100123563991

04/15/08--01032--005 **61.25

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FET 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 Johnny Larry Jr

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

5787 Klondike Rd

Suite, Apt. #, Etc.

City

Bascom

State

FL

Zip Code

32423

☒ 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

Johnny Larry Jr
REGISTERED AGENT MUST SIGN

Date 4/13/08

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
President	Johnny Larry Jr	President 5787 Klondike Rd Bascom FL 32423	5787 Klondike Rd Bascom FL 32423
Secretary	Wallace Mayo	3530 ARA Lane Marianna FL 32448	Secretary/Treasurer
Treasurer	Eugene Black	Board director	4444C Holly Hill dr Marianna FL 32447
Board director	Lillie B. Larry	Board director	5787 Klondike Rd Bascom FL 32423
Board director			

100130905181
06/05/08--01028--023 **122.50

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:

Johnny Larry Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08

Date

(850) 569-9853

Daytime Phone #