

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Gledda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006549

1. Corporation Name

FLORIDA FARMERS, INC.

Principal Place of Business

1451 WEST CYPRESS CREEK ROAD, SUITE 100
FORT LAUDERDALE FL 33309

Mailing Address

1451 WEST CYPRESS CREEK ROAD, SUITE 100
FORT LAUDERDALE FL 33309

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03



700024376417
12/23/03--01015--029 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1996

5. FEI Number

65-0714546

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 3	City / State / Zip 4
VP	SMIGEL, GARY	1451 WEST CYPRESS CREEK ROAD, SU	FORT LAUDERDALE FL
PD	DIMARE, PAUL J	1451 WEST CYPRESS CREEK ROAD, SU	FORT LAUDERDALE FL
S	RODRIGUEZ, J. LUIS	1451 WEST CYPRESS CREEK ROAD, SU	FORT LAUDERDALE FL 33309
D	NEILL, DAVID	1451 WEST CYPRESS CREEK ROAD, SU	FORT LAUDERDALE FL 33309
D	TAYLOR, JAY	1451 WEST CYPRESS CREEK ROAD, SU	FORT LAUDERDALE FL 33309
D	ESFORMES JOSEPH	503 10TH ST WEST	PALMETTO FL

8. Name and Address of Current Registered Agent

RODRIGUEZ, J L
1451 W CYPRESS CREEK RD
STE 100
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

J. Luis Rodriguez
REGISTERED AGENT MUST SIGN

Date 10-30-03

11. 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:

J. Luis Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-03

954 772 1771

CR2040 (7/03)