

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004100

1. Corporation Name

COALITION FOR RESPONSIBLE FARMING, INC.

Principal Place of Business  
1516 Hillcrest Street  
Suite 310  
Orlando, FL 32803

Mailing Address  
1516 Hillcrest Street  
Suite 310  
Orlando, FL 32803

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

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jorge Dominicus	1516 Hillcrest Street Suite 310	Orlando, FL 32803
D	John Sowinski	1516 Hillcrest Street Suite 310	Orlando, FL 32803
D	Barbara Miedema	1516 Hillcrest Street Suite 310	Orlando, FL 32803
			500002771595--7 -02/10/99--01060--001 *****61.25 *****61.25
			500002771595--7 -02/10/99--01060--002 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

Name

John Sowinski

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

1516 Hillcrest Street

Suite, Apt. #, Etc.

Suite 310

City

Orlando

State

Zip Code

FL

32803

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

John Sowinski

REGISTERED AGENT MUST SIGN

Date 1/11/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Sowinski, Director

1/11/99  
Date

407-895-5770  
Daytime Phone #

REINSTATEMENT 9899

FILED

99 JAN 29 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2000 (1/98)