

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT 28 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 867 29

1. Corporation Name

C J FARM SERVICES, INC

**REINSTATEMENT** 03-04

2. Principal Office Address

132 NW 45<sup>th</sup> ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33127

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1044796

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

JOSEPH, CHRISTOPHER

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

132 NW 45<sup>th</sup> ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

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

Joseph C

REGISTERED AGENT MUST SIGN

Date

10/8/04

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	JOSEPH, CHRISTOPHER	132 NW 45 <sup>th</sup> ST	MIAMI, FL 33127

600041616536  
10/05/04--01096--002 \*\*750.00

600041616536  
10/28/04--01068--013 \*\*150.00

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 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:

Joseph C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/04

Daytime Phone #

CR2E081 (10/02)