

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR  
REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004180

1. Corporation Name

FARM LEASING, INC.

Principal Place of Business

6401 E. 276TH ST.  
ATLANTA IN 46031

Mailing Address

6401 E. 276TH ST.  
ATLANTA IN 46031

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/2001

5. FEI Number

35-1139823

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	LAWRENCE C. BECK	6401 E. 276TH ST.	ATLANTA, IN 46031

5000008791765  
11/04/02--01107--008 \*\*150.00

8. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR.  
2598 L'ERMITAGE LANE  
NAPLES FL 34105

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

CR2E040 (8/02)

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

*Lawrence C. Beck*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

*Lawrence C. Beck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 317 984-3508

October 28, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern,

This letter certifies that we did not receive prior uniform business report (UBR) notices from the Florida Department of State. We would certainly have paid them upon receipt.

Sorry for the inconvenience on both of our parts.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lawrence C. Beck".

Lawrence C. Beck  
President  
Farm Leasing, Inc.  
6401 East 276<sup>th</sup> Street  
Atlanta, IN 46031