

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000011714**

1. Corporation Name

MOSLEY FARMS, INC.

Principal Place of Business

9717 SE COUNTY ROAD 325
HAMPTON FL 32044

Mailing Address

PO BOX 306
HAMPTON FL 32044

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

01/31/2001

5. FEI Number

59-3697314

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
D	MOSLEY, LLOYD R	9717 SE COUNTY ROAD 325	HAMPTON FL 32044
D	MOSLEY, EDNA P	9717 SE COUNTY ROAD 325	HAMPTON FL 32044

500023818745
10/15/03--01056--003 **150.00

8. Name and Address of Current Registered Agent

MOSLEY, EDNA P
9717 SE COUNTY ROAD 325
HAMPTON FL 32044

9. Name and Address of New Registered Agent

Name

Donald L. Drummond, EA

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

103 EDWARDS ROAD

Suite, Apt. #, Etc.

City

STARKE

State

FL

Zip Code

32091

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

352-468-2857

CR2ED40 (7/03)

Drummond ♦ Financial ♦ Services

Enrolled To Practice Before The I.R.S.

103 Edwards Road Starke, FL 32091

Phone (904) 964-8335

Fax (904) 964-8532



Donald L. Drummond, E.A.

Member N.A.E.A.

October 13, 2003

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

RE: Mosley Farms, Inc.
PO Box 306
Hampton, FL 32044-0306

Dear Sirs:

Our client Mosley Farms, Inc. has asked us to respond to your notice concerning their 2003 annual report. Our client has not received an UBR Form, and they were not aware that they had to file this year. They have enclosed a check in the amount of \$150.00. We respectfully request the reinstatement of this corporation.

Your prompt attention to this matter is greatly appreciated. If you have any questions or if I can be of further assistance please call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald L. Drummond", followed by a stylized flourish.

Donald L. Drummond, E.A.
President

Enclosure

DLD/cad