

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036851

1. Corporation Name

ROCKY BRANCH FARM, INC.

10/23/07 01021 013 308.75 - 150.00
800111195858
10/23/07--01021--012 **308.75

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #

RR 4, Box 704

Suite, Apt. #, etc.

3. Mailing Office Address

1500 W. That Road

Suite, Apt. #, etc.

City & State

Bloomfield, IN

City & State

Bloomington, IN

Zip

47424

Country

USA

Zip

47403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2001

5. FE Number

582618155

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
David E. Dodrill

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

1142 SW 28th Street

Suite, Apt. #, Etc.

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

City
Cape Coral

State
FL

Zip Code
33914

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

David E. Dodrill

Date **10/16/07**

REGISTERED AGENT MUST SIGN

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/P	David E. Dodrill	1500 West That Road	Bloomington, IN 47403
S/T	Cathron S. Dodrill	1500 West That Road	Bloomington, IN 47403

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 contained in Chapter 119, 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:

David E. Dodrill

DAVID E. DODRILL

10/16/07

812 320-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #