

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000069239

1. Corporation Name

LANTANA FARM FURNITURE COMPANY, INC.

Principal Place of Business

Mailing Address

696 E. INDIAN CREEK RANCH RD.  
DEFUNIAK SPRINGS FL 32435

696 E. INDIAN CREEK RANCH RD.  
DEFUNIAK SPRINGS FL 32435

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/2001

5. FEI Number

59-3740907

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip   |
|---------------|---|--|---------------------------|
| DP            | PIERCE, WYMAN                             | 696 E. INDIAN CREEK RANCH RD.                          | DEFUNIAK SPRINGS FL 32435 |
| DVST          | PIERCE, ERICA GIBSON                      | 696 E. INDIAN CREEK RANCH RD.                          | DEFUNIAK SPRINGS FL 32435 |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |

REINSTATEMENT

03

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERCE, ERICA GIBSON  
696 E. INDIAN CREEK RANCH RD.  
DEFUNIAK SPRINGS FL 32435

Name

N/A

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Erica Gibson Pierce*

Date 10-30-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Erica Gibson Pierce*

10-30-03

Date

850-892-9147

Daytime Phone #

CR2E040 (7/03)