

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117058

1. Corporation Name

Moye Farms, Inc.

2. Principal Office Address

3379 Parnell Road

Suite, Apt. #, etc.

City & State

Zolfo Springs FL

Zip

33890

Country

USA

3. Mailing Office Address

Post Office Box 70

Suite, Apt. #, etc.

City & State

Wauchula FL

Zip

33873

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/01

5. FEI Number

20-0068870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Sharon Moye

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

3379 Parnell Road

Suite, Apt. #, Etc.

City

Zolfo Springs

State

FL

Zip Code

33890

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

Sharon Moye
REGISTERED AGENT MUST SIGN

Date 10-13-04

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
PD	Ronald F. Moye	3379 Parnell Road	Zolfo Springs FL 33890
STD	Sharon Moye	3379 Parnell Road	Zolfo Springs FL 33890

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10/22/04--01058--004 **1050.00

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:

Sharon Moye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-04 8637811044

Daytime Phone #

CP2E081 (01/04)