

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 NOV -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000052280**

1. Corporation Name

COUNTY LINE HAY COMPANY, INC.

Principal Place of Business

13082 63RD LANE NORTH
WEST PALM BEACH FL 33412

Mailing Address

13082 63RD LANE NORTH
WEST PALM BEACH FL 33412

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

2. New Principal Office Address, If Applicable

P.O. Box 669

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

FL

3. New Mailing Office Address, If Applicable

LOXAHATCHEE, P.O. Box 669

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2002

5. FEI Number

01-0692388

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CASE, JERRY S	13082 63RD LANE NORTH	WEST PALM BEACH FL 33412

500024382785
11/03/03--01073--020 **150.00

8. Name and Address of Current Registered Agent

CASE, JERRY S
13082 63RD LANE NORTH
WEST PALM BEACH FL 33412

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

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

Jerry S. Case

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

Jerry S. Case

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

561-264-4884

CR2E040 (7/03)

COUNTY LINE HAY CO.

Premium Hay, Feed, & Shavings

October 14, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTAMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

Please be advised that County Line Hay, Inc. has never received any filing reports from the Division of Corporations since its inception last year. We have never received ANY UBR notices; therefore, we are filing without penalty. We are enclosing the standard \$150.00 fee for a for profit corporation.

Cordially,

Scott Case
President

