

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 15 AM 10:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000071379

1. Corporation Name

TERRY FARMS INC

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

1905 W. JOHNSON RD

3. Mailing Office Address

1905 W. JOHNSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33566

Country

US

Zip

33566

Country

US

7. Name and Address of Current Registered Agent

Name

JERRY TERRY

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

1905 W. JOHNSON RD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33566

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

Jerry L. Terry
REGISTERED AGENT MUST SIGN

Date 1-26-07

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	JERRY TERRY	604 W JOHNSON RD	PLANT CITY, FL 33566

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Terry

Date

1-26-07

Daytime Phone #

REINSTATEMENT
CR2E081 (1/07) 0507

4. Date Incorporated or Qualified
To Do Business in Florida

6-28-02

5. FEI Number

383666271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

B. Mitchell FEB 15 2007