

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 DEC 11 AM 8:00

DOCUMENT # **P02000090055**

1. Corporation Name

TRIPLE CROWN BERRY FARM, INC.

Principal Place of Business

Mailing Address

3347 MOORES LAKE RD
 DOVER FL 33527

3347 MOORES LAKE RD
 DOVER FL 33527



REINSTATEMENT *03*

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

4. Date Incorporated or Qualified To Do Business in Florida

08/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-4205595

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GREENE, TOMMY B	3347 MOORES LAKE RD	DOVER FL 33527

900025416719
 12/11/03--01018--027 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENE, TOMMY B
 3347 MOORES LAKE RD
 DOVER FL 33527

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, P.S. or 617.0505, F.S.

Signature of Registered Agent

Tommy B. Greene
 REGISTERED AGENT MUST SIGN

Date

12/5/03

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:

Tommy B. Greene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/03

Daytime Phone #

813

393-6737

CR2E040 (7/03)