

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*

*MRS*

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

Applied For

City & State

City & State

*13-4205595*

Not Applicable

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
	<b>FL</b>

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)