

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -7 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121017

1. Corporation Name

T&C Agro Enterprises, Inc.

2. Principal Office Address

2438 SE 38th Trail

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34974

Country

USA

3. Mailing Office Address

2438 SE 38th Trail

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34974

Country

USA

[Handwritten Signature]

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

30-0131257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Candace Burke

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

2438 SE 38th Trail

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

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

Candace Burke

REGISTERED AGENT MUST SIGN

Date 4/3/06

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
P, S, T, D	Candace Burke	2438 SE 38th Trail	Okeechobee, FL 34974

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:

Candace Burke Candace Burke

Date

Daytime Phone #

3-22-06