

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000028547

1. Corporation Name
Al Britton Farms Enterprises Inc.

2. Principal Office Address

216 CR 29

Suite, Apt. #, etc.

City & State

Lake Placid FLA

Zip
33852

Country

Highlands

3. Mailing Office Address

P O Box 495

Suite, Apt. #, etc.

City & State

Lake Placid

Zip

33852

Country

Highlands

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-03

5. FEI Number

57-1162586

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

Corporation Service Company

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

1201 Hays Street, Tallahassee

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

5/9/05

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 President	Carmen E Duncan	12524 US Hwy 98	Sebring FLA 33876
D Vice President	Bruce K Duncan	12524 US Hwy 98	Sebring FLA 33876

STATEMENT 04-05

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 699-9355

CR2E081 (01/05)

Albritton Farms Enterprises Inc.
PO Box 495
Lake Placid Florida 33852
(863)-699-9355

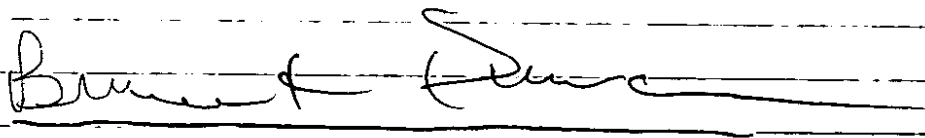
May 4, 2005

To Whom it may concern,
We at Albritton Farms Enterprises Inc.
never received our 2004 annual report papers.

Enclosed is a check for \$300.00 for
2004 - 2005 Corporation fees.

Please waive the \$600.00 reinstatement fees
for we did not receive papers.

Sincerely,
Thank you,



Officer
Bruce K. Duncan