

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000055250	
1. Entity Name TRI-STATE FARM SERVICES INC	



**FILED**

07 JAN 26 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 318 SW 5TH ST HOMESTEAD, FL 33030	Mailing Address PO BOX 924252 PRINCETON, FL 33092
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2. Principal Place of Business - No P.O. Box # 27146 South Pine Hwy	3. Mailing Address P.O. Box 180525
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NABANIA	City & State TALLAHASSEE
Zip 33082	Country USA
City & State NABANIA	City & State TALLAHASSEE
Zip 33082	Country USA

01262007 REIN-P CR2E098 (1/07)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CERISIER, PHILIP S 30420 S DIXIE HWY HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Philip S. Cerisier (NOTE: Registered Agent Signature required when reinstating) DATE 01-26-07

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFORTUNE, CLAUDE 318 SW 5TH AVE HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900086463429 01/29/07--01061--021 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CERISIER, PHILIP S PO BOX 924252 PRINCETON, FL 33092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK HOGU 24 Old Pelham Rd Bainbridge GA 30815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymond P. Victor 812 Hwy 27 Bainbridge GA 30815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYE MARCOLIN 14 Adrian Ln Murrayville NY 11801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

K. Eckel JAN 26 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip S. Cerisier DATE 01-26-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #