

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000105624

1. Corporation Name

TRIPLE A FARMS of North FLORIDA INC.
22

REINSTATEMENT 7-09

2. Principal Office Address - No P.O. Box #

223 New Prospect Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CHIPLEY FL

City & State

Zip

32428

Country

WASHINGTON

Zip

32428

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/05

5. FEI Number

20-3316405

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

Philip Adkison

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

223 New Prospect Rd

Suite, Apt. #, Etc.

City

CHIPLEY

State

FL

Zip Code

32428



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/13/09

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Philip Adkison | 223 New Prospect Rd | Chipley FL 32428 |
| VP | Jacob Adkison | 213 New Prospect Rd | Chipley FL 32428 |
| | | | |
| | | | |
| | | | |
| | | | |

400162925894
11/18/09-01026-006 **450.00

11/19

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/09

Date

850-638-5663

Daytime Phone #

REG GUSTASON CPA