

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000137387**

1. Corporation Name

G & L Farms Inc.

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

26405 Bloomfield Ave

Suite, Apt. #, etc.

3. Mailing Office Address

26405 Bloomfield Ave

Suite, Apt. #, etc.

City & State

Yalaha, Fl.

City & State

Yalaha, Fl.

Zip

34797

Country

Lake

Zip

34797

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 30, 2006

5. FEI Number

20-5802571

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

Corporate Creations Network Inc

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

941 Fourth St. #200

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

Date

REGISTERED AGENT MUST SIGN

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	Gary Miller	26405 Bloomfield Ave	Yalaha, Fl. 34797
D	Lee Ann Miller	26405 Bloomfield Ave	Yalaha, Fl. 34797

REINSTATEMENT 07-08 KS

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:

Lee Ann Miller **Lee Ann Miller** **10/29/08** **(352) 324-1288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #