

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007362

1. Corporation Name

Florida Harvesters, Inc.

W-01-545

400003623224--3

-02/01/01--01084--010

\*\*\*1800.00 \*\*\*1800.00

400003623224--3

-02/01/01--01084--011

\*\*\*\*\*8.75 \*\*\*\*\*8.75

**REINSTATEMENT** 04-250

2. Principal Office Address

5617 Old Scott Lake Rd. PO Box 7281

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33813

Country

USA

Zip

33807

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 23, 1992

5. FEI Number

59-3151218

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

Jack Green

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

5617 Old Scott Lake Road

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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]*

REGISTERED AGENT MUST SIGN

Date 1/4/01

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/D	Jack Green	5617 Old Scott Lake Rd.	Lakeland, FL 33813
S/T	Beverly Green	5617 Old Scott Lake Rd.	Lakeland, FL 33813

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.

JACK GREEN

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

(863) 581-0077

Daytime Phone #

CR2E081 (9/99)