

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 FEB -6 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014717

1. Corporation Name

CLARA FARM, INC.

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

113 N.-MADISON STREET

Suite, Apt. #, etc.

City & State

QUINCY, FL

Zip

32351

Country

USA

3. Mailing Office Address

113 N. MADISON STREET

Suite, Apt. #, etc.

City & State

QUINCY, FL

Zip

32351

Country

USA

600117252436
02/06/08--01014--024 **3000.00

REINSTATEMENT

93-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/29/92

5. FEI Number

59-3156028

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

H. M. FLETCHER, JR

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

113 N. MADISON STREET

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

☒ 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**

[Signature]

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | H. M. FLETCHER, JR. | 113 N. MADISON ST. | QUINCY, FL 32351 |
| S/D | H. M. FLETCHER, SR. | 113 N. MADISON ST. | QUINCY, FL 32351 |
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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

7/31/08

Date

850-627-7089

Daytime Phone #