

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000015233

1. Entity Name
PINNER FARMS, INC.



Principal Place of Business
22713 SE 177TH AVE
ISLAND GROVE, FL 32654 US

Mailing Address
POB 147
ISLAND GROVE, FL 32654

FILED
09 JAN 28 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062009 REIN-P CR2E098 (1/07)

City & State
Island Grove, Fla.
Zip
32654
Country
Alachua

City & State

4. FEI Number
59-3170493

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINNER, GLENN
22713 SE 177TH AVE
ISLAND GROVE, FL 32654

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

Glenn W. Pinner, manager

1-22-09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PINNER, NANCY A
PO BOX 147-22713 SE 177TH AVE
ISLAND GROVE, FL 32654 ☐ Delete

TITLE
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☐ Change ☐ Addition

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PINNER, GLENN
22713 SE 177TH AVE
ISLAND GROVE, FL 32654 ☐ Delete

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01/28/09--01022--025 **908.75 ☐ Change ☐ Addition

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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:

Glenn W. Pinner, manager

1-22-09

352-481-2065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

m 1/30