

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FORMED
AND
FILED**

97 NOV 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014676

1. Corporation Name

CIRCLE K FARM, INC.

Principal Place of Business

Mailing Address

18331 SE 30TH ST
MORRISTON FL
US

P.O. BOX 174
MORRISTON FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1993

5. FEI Number

59-3164098

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KLINGEL, WALTER C SR.	S.R. 326 & HWY. 41	MORRISTON FL

500002350165--8
-11/18/97--01032--015
****750.00 ****750.00

11/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOTTLE, DAVID J

2032 BAYSHORE BLVD
DUNEDIN FL 33510

Name

DAVID J. Tottle

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

4370 112th Terrace North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

34622

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

David J. Tottle

REGISTERED AGENT MUST SIGN

Date 11/6/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

W. Klingel Sr President Nov-6, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)