

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000030953

1. Corporation Name

SUNNY ACRES FARM, INC.

Principal Place of Business

Mailing Address

4751 S.E. 216TH AVE
MORRISTON FL 32668
US

POST OFFICE BOX 368
MORRISTON FL 32668-0368

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

04/28/1993

5. FEI Number

59-3184381

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
STD	LUNDY, ROBERT A	4751 S.E. 216TH AVE	MORRISTON FL 32668
PD	MCGEE, SUSAN B	4751 S.E. 216TH AVE	MORRISTON FL 32668
			0000002737120--2 -01/11/99--01133--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCGEE, SUSAN B
4751 S.E. 216TH AVE
MORRISTON FL 32668

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Susan B. McGee
REGISTERED AGENT MUST SIGN

Date

12/30/98

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:

Susan B. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/98

Daytime Phone #

APPROVED
AND
FILED

99 JAN -4 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

CR2E040 (9/98)