

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 15 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064946

1. Corporation Name

C. BAYLOR FARMS, INC.

2. Principal Office Address

Route 1, Box 179-3

Suite, Apt. #, etc.

City & State

Bunnell, FL 32110

Zip

32110

Country

Flagler

3. Mailing Office Address

Route 1, Box 179-3

Suite, Apt. #, etc.

City & State

Bunnell, FL 32110

Zip

32110

Country

Flagler

REINSTATEMENT

94-00

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

September 15, 1993

5. FEI Number

59-2962469

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

Connie Baylor

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

Route 1, Box 179-3

Suite, Apt. #, Etc.

City

Bunnell

State

FL

Zip Code

32110

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

Connie Baylor

REGISTERED AGENT MUST SIGN

Date June 13, 2000

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
PD	Clinton W. Baylor	Route 1, Box 179-3	Bunnell, FL 32110
STD	Connie Baylor	Route 1, Box 179-3	Bunnell, FL 32110

LS

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.

SIGNATURE:

Connie Baylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 2000

Date

Daytime Phone #

CR2E081 (9/99)