

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 13 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076542

1. Corporation Name

WARD AG. TERMINAL, INC.

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

2310-A Dobbs Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

225 BLUEBIRD LN.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

Zip

32086

Country

ST. JOHNS

Zip

32080

Country

ST. JOHNS

600188578666

12/10/10--01031--002 **750.00

REINSTATEMENT

GR2B0810 (6/10)

ID

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3209153

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

FRANK R. KEASLER, JR.

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

10245 CENTURION PARKWAY, N.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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]

REGISTERED AGENT MUST SIGN

Date 12/7/10

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
Presi, Owner	WARD, Gail S.	225 BLUEBIRD LN.	ST. AUGUSTINE, FL.
U. Pres Sec.	WARD, DAVID	2050 WILLOWOOD DR.	ST. AUGUSTINE, FL.
			32080
			32086

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Gail S. Ward

GAIL S. WARD

11-30-10

904-471-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #