

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 AM 9:39

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000078437

1. Corporation Name
DETOUR FARM, INC.

2. Principal Office Address
6710 Idlewild Street

Suite, Apt. #, etc.

City & State
Fort Myers

Zip 33912 **Country** US

3. Mailing Office Address
595 Peck Avenue

Suite, Apt. #, etc.

City & State
Fort Myers

Zip 33919 **Country** US

REINSTATEMENT 09-01

4. Date Incorporated or Qualified To Do Business in Florida 11/12/1993

5. FEI Number 6500455813

Applied Fee
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 Norma Kay Dansby **800004563688-5**
Street Address (P.O. Box Number is Not Acceptable) 595 Peck Avenue **08/30/01 01031 004**
Suite, Apt. #, Etc. ***1058.75 ***1058.75
City Fort Myers **State** FL **Zip Code** 33919

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 Norma Kay Dansby **Date** 8/10/01
REGISTERED AGENT MUST SIGN

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
D/P S/T	Norma Kay Dansby	595 Peck Avenue	Fort Myers, FL 33919

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 118.07(3)(f), 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: Norma Kay Dansby **President** **8/10/01** **941-481-4539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**
NORMA KAY DANSBY

CR2001 (2/00)