

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 PM 4:06

DOCUMENT # **P93000088466**

1. Corporation Name

Select Hays + feed INC.

2. Principal Office Address

3. Mailing Office Address

411 Walnut street

P.O. Box 947

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Fla

HAVANNA FLA

Zip

Country

Zip

Country

32306

32333

Garden

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

12-29-93

5. FEI Number

59-3230465

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

Mitch Smith

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

254 Smith Creek Rd

Suite, Apt. #, Etc.

City

HAVANNA

State

FL

Zip Code

32333

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

Mitch Smith

REGISTERED AGENT MUST SIGN

Date

11/6/02

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

pres. Mitchell B Smith

P.O. Box 947

HAVANNA FLA 32333

400008843344

11/07/02--01001--006 **300.00

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:

Mitch Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02 539-6583

Date

Daytime Phone #

CR2E081 (9/01)

282

Secretary of State
Division of Corporations
State of Florida

RE: Select Hays and Feed

To Whom It May Concern:

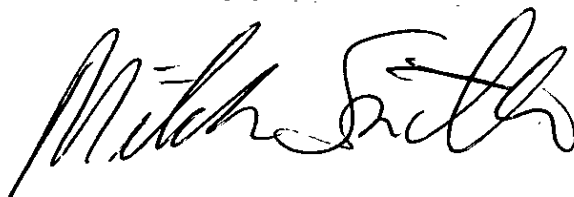
Due to my mother, who was in the early stages of Alzheimer's, and turnovers in my office help, my records do not indicate that I was sent the Annual Report for the above corporation.

After my mother's passing, as I am a quadriplegic, and have gone through several office employees trying to get my records straight, I have still been unable to locate the Annual Report for this company.

In conclusion, after a thorough check, I have not received the Annual Report form for Select Hays and Feed.

Sincerely,

Mitchell B. Smith



11/6/02