

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
• FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013705**

1 Corporation Name

BOWERS FARMS, INC.

Principal Place of Business

Mailing Address

705 JERRY SMITH ROAD
DOVER FL 33527

705 JERRY SMITH ROAD
DOVER FL 33527

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *96*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/16/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3219396	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Not Applicable	

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
PVST	ELDRIDGE, ERIC	715 JERRY SMITH ROAD	DOVER FL 33527

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-12/18/96--01105--008
383.75 *383.75

JB 12-17-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH, SMITTY 3802 EHRICH ROAD STE 210 TAMPA FL 33624		Name Linda Bowers Vacchino Street Address (P.O. Box Number is Not Acceptable) 715 Jerry Smith Road Suite, Apt. #, Etc. Dover, Florida 33527 City Dover State FL Zip Code 33527	

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 *Linda Bowers Vacchino* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *12/4/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Eric Eldridge* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/4/96*

Daytime Phone #