

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



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

1997 JUN 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067233

1. Corporation Name

LONGREEN FERTILIZER, INC.

Principal Place of Business

Mailing Address

2625 LONGWOOD DRIVE
LAKELAND FL 33811

P.O. BOX 855
MULBERRY FL 33880



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3267701

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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
P	WHITTINGTON, ALBERT A	2625 LONGWOOD DRIVE	LAKELAND FL 33811
V	WHITTINGTON, MICHAEL	2625 LONGWOOD DRIVE	LAKELAND FL 33811
S	WHITTINTON, ALAN T <i>Whittington Alan T.</i>	2625 LONGWOOD DRIVE	LAKELAND FL 33811
			3000002225149--1
			-06/27/97--010834-002
			***923.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, RONALD T
5015 SOUTH FLORIDA AVE.
SUITE 400A
LAKELAND FL 33813

Name

Albert Alan Whittington

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

2625 Longwood Dr.

Suite, Apt. #, Etc.

City

Lake land

State

FL

Zip Code

33811

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

A. A. Whittington

REGISTERED AGENT MUST SIGN

Date

June 16 / 97

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:

A. A. Whittington

(Pres.)

6 / 16 / 97

941-648-1245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)