

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067233

1. Corporation Name

LONGREEN FERTILIZER, INC.

Principal Place of Business

Mailing Address

~~6020 LAUREL OAK DR.
LAKELAND FL 33811~~

P.O. BOX 855
MULBERRY FL 33860

2917 Asherwoods Rd.
Lakeland FL 33811

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33811

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1994

5. FEI Number

59-3267701

Applied For

Not Applicable

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	4 City / State / Zip
P	WHITTINGTON, ALBERT A	6020 LAUREL OAK DR. 2917 Asherwoods Rd.	LAKELAND FL 33811
V	WHITTINGTON, MICHAEL	6020 LAUREL OAK DR. 2917 Asherwoods Rd.	LAKELAND FL 33811
S	WHITTINGTON, ALAN T	6020 LAUREL OAK DR. 2917 Asherwoods Rd.	LAKELAND FL 33811
			100003912881-3 -03/27/01-01095-010 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

WHITTINGTON, ALBERT A
6020 LAUREL OAK DR.
LAKELAND FL 33811

9. Name and Address of New Registered Agent

Name

Albert A. Whittington

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

2917 Asherwoods Rd.

Suite, Apt. #, Etc.

City

Lakeland

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

Date Feb. 22 / 01

REGISTERED AGENT MUST SIGN

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 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.) A.A. Whittington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb. 22 / 01

Daytime Phone #

863-534-9515

CR2E040 (8/00)