

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008293

1. Corporation Name

ALLENTOWN COMMUNITY FARM CENTER, INC.

Principal Place of Business

Mailing Address

9400 HWY 89
JAY FL 32565
US

9400 HWY 89
JAY FL 32565
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1995

5. FEI Number

59-3292242

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	BURNETT, CHRIS	9400 HWY 89	JAY FL
D/S	BURNETT, DEBORAH	9400 HWY 89	JAY FL

8. Name and Address of Current Registered Agent

BURNETT, CHRIS
305 BECK AVE.
JAY FL 32569

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Chris Burnett

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Chris Burnett REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

*Allentown Community Farm
Center, Inc.*



We Buy Grain
Corn
Beans
Wheat
Sorghum

9400 Hwy. 89
Jay, Florida 32565
Phone: 904-623-5291
904-623-9967

Owner
CHRIS BURNETT



We Sell
Seed
Custom Mix Feed
Chemical
Fertilizer

November 13, 1998

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Sir:

This is the only notification that our company has received on Corp. Annual Dues. We called your office today, and was told to send \$150.00 and a letter stating that we have not received any prior notices.

Thanks for your help.

Sincerely,

Chris Burnett

Chris Burnett, Owner

FEI NUMBER 59-3292242