

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 795000014538

REINSTATEMENT 96-99

1 Corporation Name
Everglades Packing Inc.

Principal Place of Business Mailing Address
1700 N.W. Ave D
Belle Glade, FL 33430

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

2-17-95

State, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0569633

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 Titles)	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
Pres	James S. McNeill	1014 N.E. 3rd St Belle Glade, FL 33430	Belle Glade, FL 33430
V.P.	James S. McNeill	1014 N.E. 3rd St	Belle Glade, FL 33430
Sec	Christa K. McNeill	1014 N.E. 3rd St	Belle Glade, FL 33430
Tres	Christa K. McNeill	1014 N.E. 3rd St	Belle Glade, FL 33430
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8. Name and Address of Current Registered Agent

James S. McNeill
1014 N.E. 3rd St
Belle Glade, FL 33430

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

James S. McNeill

REGISTERED AGENT MUST SIGN

Date 9/15/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

561-985-5100

Daytime Phone #

CR2E08 (12/98)