

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017298

**1. Corporation Name**

GREENRIDGE FARMS OF THE WEST COAST, INC.

4108 COOPER ROAD

4108 COOPER ROAD

**2. Principal Office Address**

4108 COOPER ROAD

Suite, Apt. #, etc.

**3. Mailing Office Address**

4108 COOPER ROAD

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

Zip

33565

Country

USA

Zip

33565

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 3/02/95

**5. FEI Number**

59-3311342

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PATRICK J. SIKORRA

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

4108 COOPER ROAD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33565

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date JUL 3, 04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATRICK J. SIKORRA	4108 COOPER ROAD	PLANT CITY, FL 33565

**10. 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:

Patrick J. Sikorra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 3, 04 8139860762

Date

Daytime Phone #

CR2E081 (01/04)