PLEASE READ	ALL INSTR	UCTIONS	BEFORE C	OMPLETI	ING THIS FORI	M.	
APPLICATION FOR REINSTATEMENT	Sa	DEPARTMEN Indra B. Mor Secretary of S SION OF CORPOR	tate	F			٠
DOCUMENT # P950000 36 526 (8) 1. Corporation Name				98 MAY -8 PM 3: 23			
8 FARMS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 250 Smokey MTN. F Seffner, FL 335 If above addresses are incorrect in any way, line thr	584	P.O. B Set Ine 3352	83-2146				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable Suits Ast, # etc.			Applicable	4. Date Incorporated or Qualified To Do Business in Florida 05/05/1995			
Suite, Apt. #, etc. City & State	etc. Suile, Apl. #, etc. City & State			5. FEI Number Applied For Not Applied by Applied For Not Applicable			
Zip Country	Zip Country		,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and	or Director (Florida			st 3 directors)			
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		umbers)	City /	State / Zip	
D GLASGOW, RICHARD ;		250 Sm	okey MTA	J RD, So.	SEFFNE	R, FL 33584	
·			,		-05/13/38 -05/13/38	•	7
					-05/13/38 ****908.79	- 01051006 -, ******308,75	1
		REIN	STATE	MENT	97-9	18	
			- 0/1	<u> </u>			-
Name and Address of Current)) 10	A Name and A	ddress of New Registere	d Annut			
GLASGOW RICHARD				v. Hallo alla A	duises of New Hegisters	u Agent	á
250 Smokey MTN RD. SO.			Street Address (P.O. Box Number is Not Acceptable)				
SEFFNER, FL 33584			Suite, Apt. #, Etc. City State Zip Code				
10. I, being appointed the registered agent of the above named or poration, am familiar with and accept the oblig				igations of Section	F		
Signature of Registered Agent Agent Agent MUST SIGN Date 5-5-98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No D (See other side for information on intangible tax.)							
12. I certify that I am an officer or director or the receive this reinstalement application, the reason for dissoned by the corporation have been paid and the non this application is true and accurate, and my signal.	lution has been elin iames of individuals	ninated, the corpora Listed on this form	ate name satisfies th I do not qualify for ar	ne requirements on n exemption unde	of section 607.0401 or 617	0401, F.S. that all toos	
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGN	IING OF ICER OR DI	RECTOR	5-3	5-18 81,	7-661-74-35 Daytime Phone #	-

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