

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000032814**

1. Corporation Name

GREEN RIVER FARMS OF FLORIDA, INC.

Principal Place of Business

**POST OFFICE BOX 382
BROWNSVILLE KY 42210**

Mailing Address

**POST OFFICE BOX 382
BROWNSVILLE KY 42210**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1996

5. FEI Number

59-3377054

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers) 3	City / State / Zip 4
President	Gary S. Logsdon	The Woodcock Building 1 Main Cross Street	Brownsville, KY 42210
VP	Bobby H. Logsdon	Courtland Reed Road	Brownsville, KY 42210
Sec-Treas	Pat Wilson	318 Brier Creek Road	Mammoth Cave, KY 42259

8. Name and Address of Current Registered Agent

**WYATT, STELLA
1840 14TH AVENUE NE
NAPLES FL 34103**

9. Name and Address of New Registered Agent

Name

800002394198-4

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

-01/08/98-01082-020

*****750.00 ***750.00**

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

Stella Wyatt

REGISTERED AGENT MUST SIGN

Date **12/23/97**

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:

Gary S. Logsdon

Gary S. Logsdon, President 12/29/97 502-597-2134

Date

Daytime Phone #