

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN -2 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



REINSTATEMENT 02

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	LOGSDON, GARY S	1 MAIN CROSS STREET/THE WOODCOCK	BROWNSVILLE KY 42210
V	LOGSDON, BOBBY H	COURTLAND REED ROAD	BROWNSVILLE KY 42210
ST	WILSON, PAT	318 BRIER CREEK ROAD	MAMMOTH CAVE KY 42259

600009793056  
01/02/03--01079--018--\*\*1058.75

8. Name and Address of Current Registered Agent

MANSFIELD, SHERRY  
7390 SE COPUNTY HWY 40  
SUMMERFIELD FL 34491

9. Name and Address of New Registered Agent

Name

Joe G. Reyes

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

10375 S.E. 101st Ave. Road

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

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

Joe G. Reyes

REGISTERED AGENT MUST SIGN

Date 12/11/02

11. 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

Gary S. Logsdon, President

12/11/02

Date

270-597-2134

Daytime Phone #

CR2E040 (8/00)

# **GREEN RIVER FARMS OF FLORIDA, INC.**

Telephone - Kentucky - 270-597-2134  
Facsimile - Kentucky - 270-597-2859  
Email: gls@kih.net

**Mailing Address:**

P. O. Box 597  
Brownsville, KY 42210

**Physical Address:**

7390 S East Co. Hwy 42  
Summerfield, Florida

**December 11, 2002**

**Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327**

**Re: Green River Farms of Florida, Inc.  
Reinstatement of Corporation  
FEI No. 59-3377054**

**Dear Sir or Madam:**

Pursuant to a telephone conversation with a member of your staff, enclosed please find for filing and processing an Application for Reinstatement for the above-referenced corporation. Also enclosed is a check to your order in the amount of \$1,058.75. This sum represents the reinstatement fee of \$1,050.00 and a Certificate of Status fee of \$8.75. Should you have any questions or require additional information concerning this matter, please feel free to contact me.

**Respectfully yours,**

**GREEN RIVER FARMS OF FLORIDA, INC.**

By:   
Gary S. Logsdon, as its President

**Enclosures  
pds**