

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000033141**

1. Corporation Name

BOYER'S FARM, INC.

Principal Place of Business

Mailing Address

19801 NW HWY 335
WILLISTON FL 32696

19801 NW HWY 335
WILLISTON FL 32696

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1996

5. FEI Number

59-3508628

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 3	City / State / Zip 4
P	BOYER, KENNEDY G	240 S. MAIN STREET	WILLISTON FL 32696
SEC	ROBINSON, LECA L	4591 NE 132 CT	WILLISTON FL 32696
P	BOYER, KENNEDY G	19801 NW HWY 335	WILLISTON FL 32696
P	BOYER, KENNEDY G	19801 NW HWY 335	WILLISTON FL 32696
SEC	BOYER, KENNEDY G	19801 NW HWY 335	WILLISTON FL 32696
SEC	ROBINSON, LECA L	4591 NE 132 CT	WILLISTON FL 32696

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700023967897
10/21/03--01052--014 **150.00

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Lynette Coleman

Lynette Coleman
as its agent

REGISTERED AGENT MUST SIGN

Date

10/17/2003

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

Lea Robinson / Sec.

Date

10/15/03 352-528-2406

Daytime Phone #

CR2E040 (7/03)


**BOYER FARMS, INC.
19801 NW HWY 335
WILLISTON, FL. 32696
352-528-2406 OFFICE
352-528-2408 FAX**

October 15, 2003

To Whom It May Concern:

**We did not receive the UBR notice for our corporation.
Therefore we are sending in the reinstatement form for our corporation.
Any questions please feel free to contact me at the above number.**

Thank you,


Leca Robinson
(Secretary)