

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 31 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036373

1. Corporation Name

CROWE'S NEST FARM, INC.

Principal Place of Business

7242 SE 12TH CIR
OCALA FL 34480
US

Mailing Address

7242 SE 12TH CIR
OCALA FL 34480
US

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

04/19/1996

5. FEI Number

59-3379299

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
DP	CROWE, DONALD W	7242 SE 12TH CIR	OCALA FL 34480
DVST	CROWE, JOANNE S	7242 SE 12TH CIR	OCALA FL 34480

900024341339
10/31/03 01088-026 **150.00

8. Name and Address of Current Registered Agent

TUCCI, GREGORY E
225 NE 8TH AVE
OCALA FL 34470

9. Name and Address of New Registered Agent

Name C.R. Smith Jr. & Company - Kevin Smith
Street Address (P.O. Box Number is Not Acceptable)
1497 N.W. 16th Ave
Suite, Apt. #, Etc.
City Gainesville, FL State FL Zip Code 32605

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

SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10-28-03

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
Joanne S. Crowe

Date

Daytime Phone # 7093

CR2E040 (7/03)



CROWE'S NEST FARM, INC.

CROWE'S NEST
FARM, INC.

October 23, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

The 2003 annual report/uniform business report renewal was not received.
Therefore, I have attached the application for reinstatement with the renewal
fee of \$150.00.

Sincerely,

Joanne S. Crowe
Crowe's Nest Farm, Inc.