

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC 23 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045851

1. Corporation Name

D.A.C. FARMS INC.

Principal Place of Business

**409 S EGRET STREET
SEBRING FL 33872-3609**

Mailing Address

**409 S EGRET STREET
SEBRING FL 33872-3609**



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

05/23/1996

5. FEI Number

65-0675787

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COSTANZO, KENNETH W	409 S EGRET STREET	SEBRING FL 33872
D	DUBOIS, DANIEL G	4315 SEBRING AVENUE	SEBRING FL 33872
D	ACEVEDO, JAMES	8332 PINE GLEN ROAD	SEBRING FL 33870

REINSTATEMENT

Handwritten: 12/23/97

8. Name and Address of Current Registered Agent

**COSTANZO, KENNETH W
409 S EGRET STREET
SEBRING FL 33872-3609**

9. Name and Address of New Registered Agent

Name **2000002385052-0**
-12/29/97-01133-003
Street Address (P.O. Box Number is Not Acceptable) *****750.00 ***750.00**
Suite, Apt. #, Etc.
City State Zip Code
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.

Signature of
Registered Agent

Handwritten Signature: Kenneth W. Costanzo

REGISTERED AGENT MUST SIGN

Date **12-15-97**

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:

Handwritten Signature: Kenneth W. Costanzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-97 1-800-690-6959

Date

Daytime Phone #

CR2E040 (8/97)