

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

97-98 AR
990000083022

1. Corporation Name

K. J. FARMS, INC.

Principal Place of Business

Mailing Address

1400 N.E. 64th Avenue
Okeechobee, FL 34974

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/96

5. FEI Number

65-0709387

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
Pres.	Mr. Kenneth D. Pinder	1400 N.E. 64th Avenue	Okeechobee, FL 34974
Sec.	Mr. Jeffrey ^{H.} Pinder	1400 N.E. 64th Avenue	Okeechobee, FL 34974

100002643681-5
09/18/98-01082-004
****330.00 ****330.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Mr. Jeffrey H. Pinder
Street Address (P.O. Box Number is Not Acceptable)
1400 N.E. 64th Ave.
Suite, Apt. #, Etc.

City
Okeechobee
State
FL
Zip Code
34974

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Aug 1, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐ N/A

(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 1, 1998
Date

941-763-4691
Daytime Phone #