

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104060

1. Corporation Name

LEGACY FARM INC.

Principal Place of Business

Mailing Address

19532 CRESCENT RD  
ODESSA FL 33556  
US

2726 CHURCH AVE  
BROOKLYN NY 11226-4105  
US

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

~~19532~~ 19538 Crescent Rd  
Suite, Apt. #, etc.

~~2726~~ 19538 Crescent Road  
Suite, Apt. #, etc.

City, State  
Odessa, FL

City, State  
Odessa, FL

Zip 33556 Country USA

Zip 33556 Country USA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida 12/30/1996

5. FEI Number 65-0719098  
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	RAPHAEL, TERRY R.	<del>16728 WIMBLEDON CIRCLE</del> 19538 Crescent Road	<del>LUZ FL 33549</del> Odessa, FL 33556

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAPHAEL, TERRY  
~~16728 WIMBLEDON CIRCLE~~  
~~LUZ FL 33549~~

Name R. Terry Raphael  
Street Address (P.O. Box Number is Not Acceptable)  
19538 Crescent Road  
Suite, Apt. #, Etc.

City Odessa State FL Zip Code 33556

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

*R. Terry Raphael*  
REGISTERED AGENT MUST SIGN

DATE

Date 12/12/98

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:

*R. Terry Raphael*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/98 813 2713913  
Date Daytime Phone #

CR2E040 (9/98)