

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000007788**

1. Corporation Name

LAKELAND FARMS, INC.

Principal Place of Business

7596 N.W. 8TH STREET
MIAMI FL 33126

Mailing Address

7596 N.W. 8TH STREET
MIAMI FL 33126

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

01/21/1997

5. FEI Number

APPLIED FOR

☒ 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
TD	LAKE, RICHARD	7596 N.W. 8TH STREET	MIAMI FL 33126
VD	LAKE, MICHAEL	7596 NW 8 ST	MIAMI FL 33126
PD	LAKE, SHARON	7596 N.W. 8TH ST	MIAMI FL 33126
SD	ANDERSON, WOOLIN WOOLTON	16111 SW 102 AVE	MIAMI FL 33157
			800003532618--2 -01/11/01--01040--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

ANDERSON, WOOLTON

7596 N.W. 8TH STREET 16111 SW 102 AVE
MIAMI FL 33126 MIAMI, FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **12-29-00**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-00

Date

305-252-3530

Daytime Phone #

KE



REINSTATEMENT

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FILED

01 JAN -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)