

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000008674810
10/29/02--01135--010 **150.00

DOCUMENT # P97000040224

1. Corporation Name

SUNNYSIDE FARM, INC.

Principal Place of Business

P.O. BOX 570
BARTOW FL 33831-0570
US

Mailing Address

P.O. BOX 570
BARTOW FL 33831-0570
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

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2315396

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	STEVENS, JAMES B.	871 SPRINGDALE RD	ATLANTA GA 30306

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of
Registered Agent

Matthew Turner
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

James B. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 352-369-0501

CR2E040 (8/02)

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Sunnyside Farm, Inc.
P.O. Box 570
Bartow, FL 33831-0570
Ph: 863-804-0133

October 23, 2002

Florida Dept. of State
Jim Smith
Secretary of State

Re: Application for reinstatement

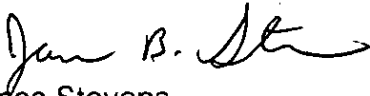
Dear Sir:

Sunnyside Farm, Inc. just received notice of dissolution of our corporation
Oct. 22, 2002.

Our business office was closed in Avondale Estates, GA on May 31, 2002.
We have employed another staff member for accounts payable since then
and until yesterday, we did not have notification of our Corporation permit
being due.

We are asking that the penalty for not filing on time be waived due to
our changes and not receiving our notices. Thank you for your
consideration. Enclosed is our fee of \$150.00.

Respectfully,



James Stevens
President-Organic Soil Builders, Inc.