

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:49

DOCUMENT # P98000003056

**1. Corporation Name**

MUSSER POULTRY FARM INC.

**2. Principal Office Address**

11731 Brightwater Ct.

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34487

Country

Citrus

**3. Mailing Office Address**

P.O. BOX832

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34487

Country

Citrus

**REINSTATEMENT**

99-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/31/98

**5. FEI Number**

65-0222120

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

William Musser

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

11731 Brightwater Ct.

Suite, Apt. #, Etc.

City

Homosassa, FL

State

FL

Zip Code

34487

900003440759-4  
-10/26/00-01072-003  
\*\*\*\*900.00 \*\*\*\*900.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*William Musser*

Date July 14, 2000

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PTS	William Musser	11731 Brightwater Ct.	Homosassa, FL 34487

AD

**10. 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

*William Musser*

William Musser

July 14, 2000 (352)628-9433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #