

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 PM 4:37

DOCUMENT # P98000005671

1. Corporation Name

ELTROSE FARMS, INC.

700162647267
11/10/09--01003--011 **300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
319 Clematis Street

3. Mailing Office Address
319 Clematis Street

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/15/1998

5. FEI Number
650807938

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

Herbert C. Gibson

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

Suite, Apt. #, Etc.
Suite 800

City

West Palm Beach

State

FL

Zip Code

33401

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-28-09

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
PS	Herbert C. Gibson	319 Clematis Street, Suite 800	West Palm Beach FL 33401
VPAS	Ann Gibson Burkholder	319 Clematis Street, Suite 800	West Palm Beach FL 33401

REINSTATEMENT

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 contained in Chapter 119, 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: Herbert C. Gibson
Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-09

561-655-8686