

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # P98000045656

1. Corporation Name

TA FERTILIZER, INC.

Principal Place of Business

900 THOMAS ROAD
LEESBURG FL 34749

Mailing Address

P.O. BOX 494152
LEESBURG FL 34749-4152

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

Howey-in-the-Hills, FL

Zip

34737

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

59-3523604

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

4

800004880698--0

-02/05/02-01064--004

*****550.00 *****550.00

~~D~~ REINER, JACK M JR

~~900 THOMAS AVE~~

~~LEESBURG FL 34748~~

P

Bradshaw, Jr., C. E.

22051 N..O'Brien Road

Howey-in-the-Hills, FL 34737

S/T

Suggs, Jean S.

26603 West Cove Drive

Tavares, FL 32778

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*****350.00 *****300.00

8. Name and Address of Current Registered Agent

~~REINER, JACK M JR~~
~~900 THOMAS ROAD~~
~~LEESBURG FL 34748~~

9. Name and Address of New Registered Agent

Name

Jean S. Suggs

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

26603 West Cove Drive

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

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

Jean S. Suggs
REGISTERED AGENT MUST SIGN

Date January 17, 2002

AD

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:

Jean S. Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean S. Suggs

1/17/02 (352) 429-4145

Date

Daytime Phone #

CR2E040 (8/01)