

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 16 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000085636520

01/23/07--01003--022 **908.75

DOCUMENT # P98000047338

1. Corporation Name

STRUTHERS' HONEY

2. Principal Office Address

8024 ROSE TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

8024 ROSE TERRACE

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

33898

Country

UNITED STATES

Zip

33898

Country

UNITED STATES

REINSTATEMENT 04-06

CR2E081 (12/05)

12/06/04 01047 023 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1998

5. FEI Number

59-3513202

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

LOTTA KAY STRUTHERS

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

8024 ROSE TERRACE

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33898

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

Lotta Kay Struthers

REGISTERED AGENT MUST SIGN

Date 1/12/07

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
P	ALDEN N. STRUTHERS	8020 ROSE TERRACE	LAKE WALES, FL 33898
VP	LOTTA KAY STRUTHERS	8020 ROSE TERRACE	LAKE WALES, FL 33898

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lotta Kay Struthers

1/12/07

Date

863-696-4319

Daytime Phone #

XC 1/18