

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 20 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056736

1. Corporation Name

NEWPORT FARM, INC.

Principal Place of Business

Mailing Address

17184 NW 87TH AVENUE ROAD  
REDDICK FL 32686-2627

17184 NW 87TH AVENUE ROAD  
REDDICK FL 32686-2627

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

06/24/1998

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-35-18626

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CONWAY, JOHN	17184 NW 87TH AVE RD	REDDICK FL 32686
ST	STANTON, BARBARA	17184 NW 87TH AVENUE ROAD	REDDICK FL 32686
			200003022682--1 -10/22/99--01085--017 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the \_\_\_\_\_ of \_\_\_\_\_ corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Deborah D. Skipper

Deborah D. Skipper  
as its agent

Date

10-20-99

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)(l), 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

*John Pollock*  
John Pollock

10/18/99

Date

352-591-2107

Daytime Phone #

KE