

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **99**
REINSTATEMENT



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

DOCUMENT # **P98000087982**

1. Corporation Name

FULFORD CITRUS HARVESTING ONE, INC.

Principal Place of Business

1450 74TH AVE. SW
VERO BCH FL 32968

Mailing Address

1450 74TH AVE. SW
VERO BCH FL 32968

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

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

SP

5. FEI Number

65-0873330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A not applicable 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
D	FULFORD, E. PERRY	1450 74TH AVE. SW	VERO BCH FL 32968

200003038452--1
-11/08/99--01114--025
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

PEGG, ROBERT L
1428 21ST ST.
VERO BCH FL 32960

9. Name and Address of New Registered Agent

Name **Perry Fulford**
Street Address (P.O. Box Number is Not Acceptable)
18 Sea Gull Avenue
Suite, Apt. #, Etc.
City **Vero Beach** State **FL** Zip Code **32960**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-15-99**

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1015-29
Date

561-770-6284
Daytime Phone #

FILED

99 NOV -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

CR0000 (8/99)