

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000093893**

1. Corporation Name

SARANAC FARMS, INC.

Principal Place of Business

**416 PLANTATION ROAD
TALLAHASSEE FL 32303**

Mailing Address

**416 PLANTATION ROAD
TALLAHASSEE FL 32303**

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

11/05/1998

5. FEI Number

59-3545208

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	City / State / Zip 4
D	SMITH, WILLIAM C	416 PLANTATION ROAD	TALLAHASSEE FL 32303
D	SMITH, CLARA JANE C	416 PLANTATION ROAD	TALLAHASSEE FL 32303

300008786673
11/04/02--01073--001 **150.00

8. Name and Address of Current Registered Agent

**SMITH, WILLIAM C
416 PLANTATION ROAD
TALLAHASSEE FL 32303**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

282

November 4, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

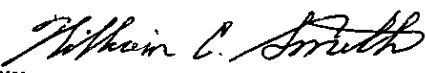
To Whom It May Concern:

I received a Notice of Administrative Dissolution or Revocation from your office last week regarding Saranac Farms, Inc. The notice further explained that a required report and accompanying fees were not filed in a timely manner.

I would like to take this opportunity to notify you that we received no notices whatsoever regarding this required filing for 2002. As you can tell by your records, all past required filings were timely filed. Furthermore, I make every effort to comply with all Federal, State and City filing requirements in the same manner. You can be assured that had I received the information regarding this filing, the report and accompanying filing fee would have been submitted within days of the notice.

I appreciate anything that you may be able to do for me regarding my lack of compliance.

Thank you in advance,


William C. Smith