

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 19 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 12303

1. Corporation Name

CTN - NUT FARMS, INC

2. Principal Office Address

4567 E. Highway 4

Suite, Apt. #, etc.

City & State

JAY, FL

Zip

32565

Country

USA

3. Mailing Office Address

P.O. Box 184

Suite, Apt. #, etc.

City & State

Jay, FL

Zip

32565

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-04-99

5. FEI Number

59-3554728

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

BRUCE GODWIN

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

4567 E. Highway 4

Suite, Apt. #, Etc.

P.O. Box 184

City

Jay

State

FL

Zip Code

32565

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

Bruce Godwin

Date 02-14-01

REGISTERED AGENT MUST SIGN

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 |
|-----------|--------------------------------------|---|--------------------|
| President | BRUCE W GODWIN | P.O. Box 184 4567 East Highway 4 | Jay, FL 32565 |
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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 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:

Bruce Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-01

Date

850-675-2648

Daytime Phone #

2062

CTN-NUT FARMS, INC.
P.O. Box 184
Jay, FL 32565

February 14, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

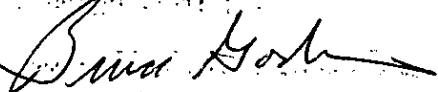
This letter is to inform you that I never received the renewal notice for the above noted company.

Enclosed please find a check in the amount of \$300.00 and a completed 203. Reinstatement (Corp) form.

I am asking that you waive the \$300.00 fee due to the fact I never received the renewal notice.

Thank you for your help in this matter.

Sincerely,



Bruce Godwin
President