

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -7 AM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999 0000 15652

1. Corporation Name

SANDRA'S BENT TREE FARM SUPPLY, INC.

REINSTATEMENT 00-03

600015313956
04/04/03--01041--014 **1200.00

2. Principal Office Address
6855 North Highway 27

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala

FL

Zip

Country

Zip

Country

34482

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3557991

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

IRWIN J. WEINER, ESQUIRE

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

50 SE First Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date

3/31/03

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	SANDRA McKINNEY	6855 North Highway-27	Ocala, FL- 34482 -

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:

X Sandra McKinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/03

Daytime Phone #

CR2E061 (1D/02)