

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 24 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000022460**

1. Corporation Name

**FAIRLANE FARMS FEED MILL, INC.**

Principal Place of Business

3120 FAIRLANE FARMS RD  
WELLINGTON FL 33414

Mailing Address

3120 FAIRLANE FARMS RD  
WELLINGTON FL 33414

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1999

5. FEI Number

NOT APPLICABLE

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
D	GOERG, MARCUS	8637 TOURMALINE BLVD.	BOYNTON BEACH FL 33437

300008565233  
10/24/02--01037--015 \*\*150.00

8. Name and Address of Current Registered Agent

GOERG, MARCUS  
8637 TOURMALINE BLVD.  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/21/02

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

MARCUS GOERG

Date

10/21/02

Daytime Phone #

361-73-1184

CR2E040 (8/02)

FAIRLANE FARMS FEED MILL, INC  
DBA THE MILL  
3120 Fairlane Farms Rd.  
Wellington, FL 33414

10/21/02

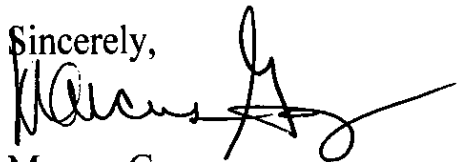
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Today I received a Notice of Administrative Dissolution or Revocation from your department. This is to inform you that neither an original form nor a second notice was ever received. Please note all previous forms were filed in a timely matter. Could you please check into this.

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marcus Goerg', with a long, sweeping horizontal stroke extending to the right.

Marcus Goerg  
President