

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000023288

1. Corporation Name

THE NEW GENERATION SEED, INC.

Principal Place of Business

9949 DEERCREEK CLUB RD.  
JACKSONVILLE FL 32256

Mailing Address

9949 DEERCREEK CLUB RD.  
JACKSONVILLE FL 32256

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3653759

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	JENKINS, JIMMY SR. DR.	9949 DEERCREEK CLUB RD.	JACKSONVILLE FL 32256
VD	JENKINS, GINGER ESQ.	1821 PALM CITY RD., APT. B 402	STUART FL 34994
SD	LOPEZ, LISA DR.	1727 BIDEN LN.	WILLIAMSTOWN NJ 09094
TD	LOPEZ, ANTONIO DR	1727 BIDEN LN.	WILLIAMSON NJ 09094
D	JENKINS, JIMMY JR	9949 DEERCREEK CLUB RD.	JACKSONVILLE FL 32256
D	JENKINS, FALEESE MOORE	9949 DEERCREEK CLUB RD.	JACKSONVILLE FL 32256

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JENKINS, JIMMY R SR. DR.  
9949 DEERCREEK CLUB RD.  
JACKSONVILLE FL 32256

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-16-00

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

10-16-00  
Date

(904) 366-2500  
Daytime Phone #

CR2E040 (8/00)