

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 PM 12:48

DOCUMENT # P99000053345

1. Corporation Name

CRP FARMS, INC.

901 W. BASE STREET

2. Principal Office Address

901 W. BASE STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MADISON, FLORIDA

City & State

Zip

32340

Country

MADISON

Zip

Country

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

June 11, 1999

5. FEI Number

58-2474569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

CLAY A. SCHNITKER

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

901 W. BASE STREET

Suite, Apt. #, Etc.

City

MADISON

State

FL

Zip Code

32340

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

Clay A. Schnitker
REGISTERED AGENT MUST SIGN

Date

11/03/04

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
PD	CHRIS D. PRIMM	2595 N. TOY DRIVE	FAYETTEVILLE, AR 72704
VD	ROYCE PRIMM	2595 N. TOY DRIVE	FAYETTEVILLE, AR 72704
STD	ROBIN L. PRIMM	3406 PAR COURT	FAYETTEVILLE, AR 27203

500042695155
11/12/04--01053--020 **750.00

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)(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:

Clay A. Schnitker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/04 439.839.2166

Daytime Phone #

CR2E01 (01/04)