

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

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

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 19 PM 1:34

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P99000061308

LEVY COUNTY HAY CO.
137 SUNFLOWER CIRCLE
ROYAL PALM BEACH, FL 33411

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

SECRETARY OF STATE

Address TALLAHASSEE, FLORIDA

19851 NE 50th Street

City and State Zip Code

Williston, FL 32696

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

07/09/1999

5. FEI Number

65-0932833

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	TUMOLO, DANIEL	19851 NE 50TH STREET	WILLISTON, FL 32696
			500003930295--0
			-03/29/01--01074--008
			****308.75 ****308.75
			00-01 TB

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

9. If changed, new registered agent / office

Name

SHARON C. BRANNAN, CPA-PA

Street Address (Do NOT Use P.O. Box Number)

161 N. MAIN STREET

Street Address (Do NOT Use P.O. Box Number)

City
WILLISTON

State
FL

Zip
32696

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

Sharon C. Brannan CPA

REGISTERED AGENT MUST SIGN

Date 1/31/01

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Daniel Tumolo

Date 2-23-01

Daytime Phone # (352) 528-9005

Typed or printed name of signing officer or director DANIEL TUMOLO

CR2E040 (8-92)