

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
NOV 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098612

1. Corporation Name

Lithia Farms, Inc.

2. Principal Office Address

P.O. Box 680

Suite, Apt. #, etc.

City & State

Lithia FL

Zip

33547

Country

Hillsborough

3. Mailing Office Address

P.O. Box 680

Suite, Apt. #, etc.

City & State

Lithia FL

Zip

33547

Country

Hillsborough

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

11-8-99

5. FEI Number

593 35 3471

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

Doyle R. Bennett

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

11611 Lithia Pinecrest Road

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

REINSTATEMENT 2000

600003478758-8

-11/28/00--01089-011

****758.75 ****758.75

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

Doyle R. Bennett
REGISTERED AGENT MUST SIGN

Date 11-20-2000

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
Pres.	Doyle R. Bennett	11611 Lithia Pinecrest Rd.	Lithia, FL 33547
V. Pres	Christopher Young	11611 Lithia Pinecrest Rd.	Lithia, FL 33547
Secretary	Jean Bennett	11611 Lithia Pinecrest Rd.	Lithia, FL 33547

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:

Doyle R. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doyle R. Bennett

11-20-2000

Date

813-737-4798

Daytime Phone #

CR2E081 (9/99)