

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 31 AM 9:42

DOCUMENT # P 99 000102533

1. Corporation Name

RICK CHANCEY FARMS, INC

REINSTATEMENT 13

2. Principal Office Address

2725 ST CLOUD OAKS DR

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33594

Country

Hills

3. Mailing Office Address

P.O. BOX 718

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

Hills

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3608372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICK CHANCEY

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

2725 ST CLOUD OAKS DR

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

Rick Chancey
REGISTERED AGENT MUST SIGN

Date 01-14-02

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	RICK CHANCEY	2725 ST CLOUD OAKS DR	VALRICO, FL 33594

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:

Rick Chancey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

813 478-2348

Daytime Phone #