

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000107622

1. Corporation Name

FARREN DAKIN DAIRY, INC.

Principal Place of Business

40102 S.R. 70 EAST
MYAKKA CITY FL 34251

Mailing Address

40102 S.R. 70 EAST
MYAKKA CITY FL 34251

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

SP

5. FEI Number

65-0996759

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P, T	FARREN R. DAKIN	40102 SR 70.E	MYAKKA CITY, FLORIDA 34251
V, S	CHRISTINA M. DAKIN	40102 SR 70.E	MYAKKA CITY, FLORIDA 34251

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, LAWRENCE W ESQ.
WEIFFENBACH & THOMAS
538 12TH STREET WEST
BRADENTON FL 34205

Name

LAWRENCE W. THOMAS

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

6400 MANATEE AVE. WEST

Suite, Apt. #, Etc.

SUITE I

City

BRADENTON

State

FL

Zip Code

34209

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 of Lawrence W. Thomas
REGISTERED AGENT MUST SIGN

Date 10/20/00

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 of Farren Dakin
FARREN R. DAKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

941-322-2029

Daytime Phone #