

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18990**

1. Corporation Name

HOMESTEAD FARMING COMPANY

FILED

98 AUG 11 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**19370 S.W. 280TH STREET
HOMESTEAD FL 33031**

Mailing Address

**19370 S.W. 280TH STREET
HOMESTEAD FL 33031**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7621 SW 87 Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7621 SW 87 Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1990

5. FEI Number

65-0327510

Applied For

Not Applicable

City & State

Miami FL
Zip **33173** Country **Dade**

City & State

Miami FL
Zip **33173** Country **Dade**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GRAVES, KENNETH	19370 S.W. 280TH STREET	HOMESTEAD FL
D	Nelson, David T	25401 SW 147 Ave	Homestead FL 33173
			200002619692--1
			-08/19/98-01032-010
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SUGAN B SUGGS

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

7621 SW 87 Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33173

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

Sugan B Suggs
REGISTERED AGENT MUST SIGN

Date

7-24-98

11. 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.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-98
Date

305-274-9363
Daytime Phone #