

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -2 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36502

1. Corporation Name

3 S Farm & Ranch, Inc.

2. Principal Office Address

826 SE Chilkat St.

3. Mailing Office Address

826 SE Chilkat St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lee, Florida

City & State

Lee, Florida

Zip

32059

Country

Zip

32059

Country

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

3/4/91

5. FEI Number

59-3058585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Betty Ann Ellison

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

826 SE Chilkat St.

Suite, Apt. #, Etc.

City

Lee

State

FL

Zip Code

32059

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

Betty Ann Ellison

REGISTERED AGENT MUST SIGN

Date

10-27-04

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
D	Ellison, Betty A.	826 SE Chilkat St.	Lee, FL 32059
D	Ellison, Jesse, Jr.	826 SE Chilkat St.	Lee, FL 32059

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:

Betty A. Ellison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04

Date

850-971-5631

Daytime Phone #

CR2E081 (10/02)