

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48932

1. Corporation Name

SASSY FARMS, INC.

Principal Place of Business

601 N. FRANKLIN ST.
SUITE 707
TAMPA FL 33602
US

Mailing Address

601 N. FRANKLIN ST.
SUITE 707
TAMPA FL 33602
US

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

2. New Principal Office Address, If Applicable

~~220 E. MADISON ST~~

Suite, Apt. #, etc.

~~#500~~

City & State
~~TAMPA, FLA~~

Zip
~~33602~~

Country

~~Hillsborough~~

3. New Mailing Office Address, If Applicable

~~220 E. MADISON ST~~

Suite, Apt. #, etc.

~~#500~~

City & State
~~TAMPA, FLA~~

Zip
~~33602~~

Country

~~Hillsborough~~

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1991

5. FEI Number

59-3128404

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCCALL, RONALD D	601 N. FRANKLIN ST., STE. 707	TAMPA FL 33602
P.	McCall, Ronald D.	220 E. MADISON ST	TAMPA FLA. 33602

5800003103605--1
-01/20/00--01011--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

RONALD MCCALL, P.A.
601 N. FRANKLIN ST.
SUITE 707
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

~~RONALD MCCALL~~ REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/29/99

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:

~~RONALD MCCALL~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99

Date

8132287611

Daytime Phone #

CR2E040 (8/89)