

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 DEC 31 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S53236

1. Corporation Name

FARRAR CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2325 FRANKFORD AVENUE  
PANAMA CITY FL 32405  
US

P O BOX 15638  
PANAMA CITY FL 32406



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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable  
1015 Grace Ave.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3069841

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

Zip  
32401

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FARRAR, KERRY D	815 BRANDEIS AVE.	PANAMA CITY FL

7000002730577--3  
-01/05/99--01064--010  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

12/29/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARRAR, KERRY D  
2325 FRANKFORD AVE  
PANAMA CITY FL 32405

Name

Kerry D. Farrar

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

1015 Grace Ave

Suite, Apt. #, Etc.

Suite C

City

Panama City

State

FL

Zip Code

32401

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

Kerry D. Farrar  
REGISTERED AGENT MUST SIGN

Date 12-29-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Kerry D. Farrar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/98

Daytime Phone #

850 -  
872-0450

CRZE040 (8/98)