

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 # **S79792**

1. Corporation Name

**BARFIELD FARMS, INC.**

Principal Place of Business

Mailing Address

837 EAST MAIN STREET  
IMMOKALEE FL 33904-3818

837 EAST MAIN STREET  
IMMOKALEE FL 33904-3818

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

34142

34143

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/1991

5. FEI Number

65-0285215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BARFIELD, JAMES FRED	HIGHWAY 29 NORTH	IMMOKALEE FL
PD	BARFIELD, JAMES E.	11730 OIL GRADE RD	IMMOKALEE FL
VD	BARFIELD, THOMAS W.	HIGHWAY 29 NORTH	IMMOKALEE FL
STD	BARFIELD, MARY ALICE	HIGHWAY 29 NORTH	IMMOKALEE FL

900002039259-4  
-12/27/96-01054-019  
\*\*\*\*383.75 \*\*\*\*383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARFIELD, JAMES E.  
11730 OIL GRADE RD  
IMMOKALEE FL 33904

Name

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

837 E. Main St.

Suite, Apt. #, Etc.

City

Immokalee,

State

FL

Zip Code

34142

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

*James E. Barfield* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12-17-96

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:

*Mary Alice Barfield*  
**MARY ALICE BARFIELD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-96  
Date

9416578361  
Daytime Phone #