

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra F. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -8 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~809561~~ S90561

1. Corporation Name
Dillman Farms, Inc.

Principal Place of Business Mailing Address
500 S. Australian Ave., Suite 110
West Palm Beach, Florida 33401

REINSTATEMENT 97-98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 65-0302536	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres Treas Dir	Harald Dude	500 S. Australian Ave. Suite 110	W. Palm Beach, FL 33401
Asst. Sec.	Karen B. Rozar	1201 Hayes Street	Tallahassee, FL 32301
			400002394164--0

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Harald Dude 500 S. Australian Ave., Suite 110 West Palm Beach, FL 33401		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	

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: *Karen B. Rozar* Karen B. Rozar, As Its Agent 1/8/98
REGISTERED AGENT MUST SIGN

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: *Karen B. Rozar* 1/8/98 850-222-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen B. Rozar, Asst. Sec. Date Daytime Phone # *ADH*



File
154

ACCOUNT NO. : 072100000032

REFERENCE : 661517 9952A

AUTHORIZATION : *Patricia Page*

COST LIMIT : \$ 908.75

ORDER DATE : January 8, 1998

ORDER TIME : 10:0 AM

ORDER NO. : 661517-005

CUSTOMER NO: 9952A

CUSTOMER: Ms. Katheryn Workman
Southfield Farms Corporation
Suite 110
500 Australian Avenue South
West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DILLMAN FARMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
98 JAN -8 PM 1:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS _____