

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY 31 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** U 00021

1. Corporation Name

BOLL WEEVIL ERADICATION FOUNDATION OF FLORIDA, INC.

2. Principal Office Address

POST OFFICE BOX 921

Suite, Apt. #, etc.

City & State

JAY, FLORIDA

Zip

32565

Country

SANTA ROSA

3. Mailing Office Address

POST OFFICE BOX 921

Suite, Apt. #, etc.

City & State

JAY, FLORIDA

Zip

32565

Country

SANTA ROSA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/1987

5. FEI Number

59-2843812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN MARSHALL DIAMOND

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

12778 CHUMUCKLA HIGHWAY

Suite, Apt. #, Etc.

City

JAY

State

FL

Zip Code

32565

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**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
C D	JOHN MARSHALL DIAMOND LEWIE JOE SMITH	12778 CHUMUCKLA HWY 3075 HICKORY HOLLOW LANE	JAY, FL 32565 JAY FL 32565
D	JERRY DAVID	10410 HIGHWAY 87 N	MILTON FL 32570
D	BRETT WARD	4761 HIGHWAY 99A	WALNUT HILL FL 32568
D	MICHAEL DAVIS	3900 VICKS RD	GRACEVILLE FL 32440
D	DON MELTON	25410 SHORTY SEGERS RD	ALTA FL 32421
D	SAM WALKER	3241 LAMBERT BRIDGE	MCDAVID FL 32568

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:

*John M Diamond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-05 850-675-6480

CR2E061 (01/05)

**BOLL WEEVIL ERADICATION FOUNDATION OF FLORIDA, INC.  
POST OFFICE BOX 921  
JAY, FLORIDA 32565-0921**

May 19, 2005

Ms. Michelle Milligan  
Document Specialist Supervisor  
Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Ms. Milligan:

In response to our telephone conversation of May 4, 2005, we are in receipt of your letter and instructions for completing the reinstatement application for the Boll Weevil Eradication Foundation of Florida, Inc.

We are requesting that the reinstatement fees for 2003 and 2004 be waived as the post office was unable to deliver the 2003 and 2004 annual reports which were returned to the Division of Corporations. The 2003 fees were paid with check # 574 in the amount of \$61.25 written on April 18, 2003. The 2004 fees were paid with check # 583 in the amount of \$61.25 written on March 28, 2004.

Enclosed please find a check in the amount of \$61.25 for 2005 along with the reinstatement application. If you have any questions, please give me a call at 352/372-3505 x 154.

Sincerely,

A handwritten signature in black ink that reads "Marshall Diamond". The signature is written in a cursive, flowing style.

Marshall Diamond, Chairman  
Boll Weevil Eradication  
Foundation of Florida, Inc.