

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03872

1. Corporation Name

Titan Peach Farms, Inc.

100023401971
09/29/03--01071--007 **750.00

REINSTATEMENT

2. Principal Office Address

Route 3 Box 1315

Suite, Apt. #, etc.

HWY 150

City & State

Madison, FL

Zip

32340

Country

USA

3. Mailing Office Address

722 Old Plank Road

Suite, Apt. #, etc.

City & State

Ridge Spring, SC

Zip

29129

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 3, 1992

5. FEI Number

593100411

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

Schnitker, Kay S.

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

103 North Horry Street

Suite, Apt. #, Etc.

City

Madison

State
FL

Zip Code
32340

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kay S. Schnitker
REGISTERED AGENT MUST SIGN

Date September 25, 2003

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
Pres.	Chalmers R. Carr, III	722 Old Plank Road	Ridge Spring, SC 29129

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:

Chalmers R. Carr, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/2003 (803)685-5381

Date

Daytime Phone #

CR2001 (10/02)

9/30



5 R.W. DuBose & Son Road
Ridge Spring, South Carolina 29129

Website www.titanfarms.com

Phone (803) 685-5381
Fax (803) 685-5885

25 September 2003

*Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
USA*

To Whom It May Concern:

Enclosed you will find a prepaid overnight envelope to return to us. We need certification of status for a closing Monday, the 29th of September.

Thank You in advance for your assistance in this matter.

Sincerely,


*Holly Derrick Cadden
Office Manager*