

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V37078**

1. Corporation Name

SEXTON FARMS TRUCKING, INC.

Principal Place of Business

1539 HESTER CHURCH RD.
BAKER FL 32531

Mailing Address

1539 HESTER CHURCH RD.
BAKER FL 32531

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

2. New Principal Office Address, If Applicable

1439 HESTER Church Rd.

City, State

BAKER, FL

Zip **32531**

Country

OKALOOSA

3. New Mailing Office Address, If Applicable

P.O. Box 69

Suite, Apt. #, etc.

City, State

BAKER, FL

Zip **32531**

Country

OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida

05/19/1992

5. FEI Number

59-3128146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	SEXTON, KENNETH W	1539 HESTER CHURCH RD. 1439	BAKER FL 32531
V	SEXTON, WARREN	1539 HESTER CHURCH RD. 1439	BAKER FL 32531
D	SEXTON, BRYAN	1539 HESTER CHURCH RD. 1439	BAKER FL 32531
S	SEXTON, REBECCA A.	1539 HESTER CHURCH RD. 1439	BAKER FL 32531
			200024331322 10/31/03--01043--013 **150.00

8. Name and Address of Current Registered Agent

SEXTON, KENNETH W
~~1539~~ HESTER CHURCH RD.
BAKER FL 32531
1439

9. Name and Address of New Registered Agent

Name **SEXTON, KENNETH W.**
Street Address (P.O. Box Number is Not Acceptable)
1439 HESTER CHURCH RD
Suite, Apt. #, Etc.
City **BAKER** State **FL** Zip Code **32531**

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. or 617.0505, F.S.

Signature of Registered Agent

Kenneth W. Sexton

REGISTERED AGENT MUST SIGN

Date

10-23-03

11. 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.

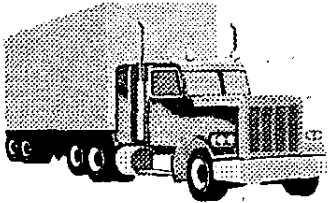
SIGNATURE: *Kenneth W. Sexton* **KENNETH W. SEXTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-03 (800)932-0786

CR2E040 (7/03)



Sexton Farms, Inc.

October 23, 2003

Division of Corporations
-- Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: Document #V37078

To Whom It May Concern:

This is to inform you the two prior notices pertaining to the above document number were not received. The physical and mailing addresses are incorrect. Postal delivery is through our post office box. The mail person delivered this reinstatement application to our shop despite the wrong address. Both addresses are corrected on the application for reinstatement attached. Please reinstate the corporation as of this date.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Wade Sexton", followed by a flourish.

Wade Sexton, president
Sexton Farms Trucking, Inc.

P.O. Box 69
Baker, FL 32531
229-336-8368
Fax :229-336-7827
We Appreciate Your Business