

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 4:54

DOCUMENT # V48786

1. Corporation Name

THOMAS WEST ALLEN FARMS, INC.

2. Principal Office Address - No P.O. Box #

325 WEST PARK AVENUE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

US

3. Mailing Office Address

P. O. BOX 10132

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

US

CR2E081 (12/07)

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

07/08/1992

5. FEI Number

593183952

☐ 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

ROBERT AUGUSTUS HARPER, JR.

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

325 WEST PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/25/08

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
ST	THOMAS W. ALLEN, III	1807 SAGEWAY DRIVE	TALLAHASSEE, FL 32303
PD	ROBERT AUGUSTUS HARPER, JR.	325 W. PARK AVENUE	TALLAHASSEE, FL 32301

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2008

850-224-5900

Date

Daytime Phone #