

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **469899**

1. Corporation Name
PACKING HOUSE BY-PRODUCTS CO.

Principal Place of Business 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737	Mailing Address 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737
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REINSTATEMENT *[Handwritten Signature]*

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.		01/31/1975	
City & State		City & State		5. FEI Number 36-2085479	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BEUCHER, NICK JR	HWYS 48 & 19	HOWEY IN THE HILLS FL
D	BEUCHER, MARGARET	HWYS 48 & 19	HOWEY IN THE HILLS FL
PD	BEUCHER, ROBERT	1105 TANGERINE AVENUE	HOWEYINTHEHILLS FL
STD	LINE, THOMAS	1000 N LAKESHORE BLVD	HOWEY-IN-THE-HILLS FL
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

THOMAS LINE
PALM AVE
HOWEY-IN-THE-HILLS FL 32737

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)	*****339148---	
Suite, Apt. #, Etc.	-11/05/97--01084--014	
City	State	Zip Code
	FL	

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 *[Handwritten Signature]*
REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97

Date _____ Daytime Phone # _____

CR2E040 (8/97)