

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 19 AM 10:07

DOCUMENT # P01006

1. Corporation Name

BARBER FERTILIZER COMPANY

Principal Place of Business

1011 AIRPORT ROAD  
P.O. BOX 356  
BAINBRIDGE GA 31717

Mailing Address

1011 AIRPORT ROAD  
P.O. BOX 356  
BAINBRIDGE GA 31717



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1984

5. FEI Number

58-1330349

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BARBER, E. HAROLD	1011 AIRPORT RD	BAINBRIDGE GA
S	WILLIAMS, MIKE	1011 AIRPORT RD	BAINBRIDGE GA
TD	BARBER, HILDRED	1011 AIRPORT RD	BAINBRIDGE GA
VD	BARBER, RONALD	1011 AIRPORT RD	BAINBRIDGE GA
PD	BARBER, DONALD	1011 AIRPORT RD	BAINBRIDGE GA
D	BARBER, ROSALYN	1011 AIRPORT RD	BAINBRIDGE GA

8. Name and Address of Current Registered Agent

BARBER, RONALD  
HIGHWAY 231  
P.O. BOX 234  
CAMPBELLTON FL 32426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Ronald Barber*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

700004661127-6  
-10/31/01-01053-010  
\*\*\*750.00 \*\*\*750.00  
Date 10/16/01

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:

*Michael J. Reed*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

(229) 246-7412

CR2E040 (8/01)