

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

99 OCT 19 AM 9:42

DOCUMENT # **S66719**

1. Corporation Name

HALCYON HAMMOCK FARMS, INC.

Principal Place of Business

Mailing Address

ALT 27A @ C32
BRONSON FL 32621

P.O. BOX 503
BRONSON FL 32621

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

REINSTATEMENT 99

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-3074186

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PV	HATCH, HAROLD S. III	P O BOX 503, ALT 27A @ C32	BRONSON FL
ST	SEARCY, DIANE H.	P.O. BOX 9, ALT 27A @ 32C	BRONSON FL 32621

300003043319--8
-11/12/99--01113--009
***750.00 ***750.00

[Handwritten Signature]
10/15/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEARCY, DIANE H.
HWY 27A @ C32
BRONSON FL 32621

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 807.0506, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/99

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE H. SEARCY

10/15/99
Date

352-
486-4264
Daytime Phone #

CP2EDM (8/99)