

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 15 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S66719**

1. Corporation Name  
**HALCYON HAMMOCK FARMS, INC.**

Principal Place of Business Mailing Address  
ALT 27A @ C32 P.O. BOX 503  
BRONSON FL 32621 BRONSON FL 32621



**REINSTATEMENT**

*2001*

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.		07/16/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3074186	
				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	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

~~800004658448-0~~  
-10/30/01--01013--003  
\*\*\*\*750.00 \*\*\*\*750.00

**LS**

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 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 *Diane H. Searcy* (ST) Date *10/10/01*  
REGISTERED AGENT MUST SIGN

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)(f), 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: *DIANE H. SEARCY (ST)*  
*Diane H. Searcy* (ST) 10/10/01 352-486-3120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)