


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 OCT -1 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000039447

1. Corporation Name
KINCSEM FARMS, INC.

Principal Place of Business 21124 SW 119TH AVE ARCHER FL 32618 US	Mailing Address 21124 SW 119TH AVE ARCHER FL 32618 US
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REINSTATEMENT 03-24
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/03/1996	
5. FEI Number 59-3434619	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
P	BIRO, JOHN I	21124 SW 119TH AVE	ARCHER FL
VP	MCDONALD, JEANNE	21124 SW 119TH AVENUE	ARCHER FL
			800041207728 09/21/04--01034--012 **150.00
			800041207728 10/01/04--01053--002 **158.75

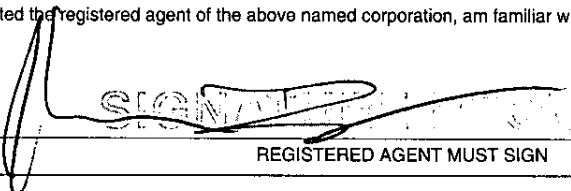
8. Name and Address of Current Registered Agent

BIRO, JOHN I
 21124 SW 119TH AVE
 ARCHER FL 32618

9. Name and Address of New Registered Agent

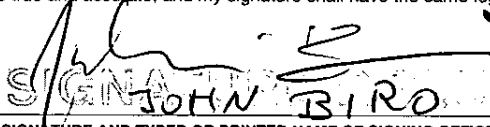
Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 15 Sept 2004

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:  **JOHN BIRO**

15 Sept 2004 352-495-5000

Date Daytime Phone #

CR2E040 (7/03)

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Kincsem Farm

21124 SW 119th Avenue
Archer, FL 32618
Tel: 352-495-5000
352-317-1146 (m)
Fax: 352-495-3050
e-mail: kincsemfarm@cs.com

15th of September, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 31314

Enclosed please find an application for reinstatement and a check for \$150.00. Since I did not receive the UBR notices prior to dissolution, I am requesting a waiver of the reinstatement fee.

Thank you.



John Biro
President