

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~  
FOR  
REINSTATEMENT



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

FILED  
00 MAY -4 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000015833**

1. Corporation Name

**PRAIRIE VIEW FARM, INC.**

Principal Place of Business

Mailing Address

~~6163 LAKE TAHOE DRIVE  
JACKSONVILLE FL 32256~~

~~6163 LAKE TAHOE DRIVE  
JACKSONVILLE FL 32256~~



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

2. New Principal Office Address, If Applicable  
**305 ELEUTHERA CT**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**305 ELEUTHERA CT**  
Suite, Apt. #, etc.

**REINSTATEMENT**

99-00

4. Date Incorporated or Qualified To Do Business in Florida  
**02/16/1998**

5. FEI Number  
**59-3495427**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Applied For **SP**  
Not Applied For

City & State  
**ST. AUGUSTINE, FL**  
Zip **32095** Country **ST. JOHNS**

City & State  
**ST. AUGUSTINE, FL**  
Zip **32095** Country **ST. JOHNS**

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   |
|----------|-----------------------------------|---|--|
| D        | SAWYER, MARK D                    | 8549 ACREE ROAD   | JACKSONVILLE FL 32219  |
| D        | ROSENBLUM, RICHARD M              | <del>1709 CORNELL ROAD</del><br><b>4168 PRIMA VISTA CIR. N.</b> | JACKSONVILLE FL <del>32207</del> <b>32217</b>                      |
| D        | ROSENBLUM, S R JR                 | 117 DEER LAKE DRIVE   | PONTE VEDRA BEACH FL 32082   |
| D        | FONTAINE, C L                     | <del>6163 LAKE TAHOE DRIVE</del><br><b>305 ELEUTHERA CT</b>     | <del>JACKSONVILLE FL 32256</del><br><b>ST. AUGUSTINE, FL 32095</b> |
| D        | FONTAINE, LEE H                   | 7846 PLAYA DEL RAY COURT  | JACKSONVILLE FL 32256  |

8. Name and Address of Current Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.**  
50 NORTH LAURA STREET  
SUITE 3100 - BARNETT CENTER  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **Richard M. Rosenblum**  
Street Address (P.O. Box Number is Not Acceptable)  
**4168 PRIMA VISTA CIR. N.**  
Suite, Apt. #, Etc.  
City **JACKSONVILLE** State **FL** Zip Code **32217**

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 **X [Signature]** **NATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **4/7/00**

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/2000** Daytime Phone # **904-620-6211**

CR2E040 (8/99)