2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005851

1. Entity Name
IDLE HOUR FARM, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
06 OCT 31 AM 11:07

Principal Place of Business
2978 PALM DEER DR
LOXAHATCHEE, FL 33470

Mailing Address
2978 PALM DEER DR
LOXAHATCHEE, FL 33470

200003725652
10/31/06--01037--011 **61.25

2. Principal Place of Business
15835 Imperial Point Ln.
Suite, Apt. #, etc.
Wellington, FL
City & State
Zip 33414 Country USA

3. Mailing Address
15835 Imperial Point Ln.
Suite, Apt. #, etc.
Wellington, FL
City & State
Zip 33414 Country USA

10252006 REIN-NP CR2E099 (11/05)

4. FEI Number
01-0791177
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, J. P.
12788 W FOREST HILL BLVD STE 2005
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 06

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. P. Spillane
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
10/25/06
DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SIMMONS, ALLENE 2978 PALM DEER DR LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15835 Imperial Point Lane Wellington, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT PATTERSON, DON 2978 PALM DEER DR LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15835 Imperial Point Lane Wellington, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Tamara Seely 4554 Palm Breeze Trail Wellington, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Norma Valentine 11730 St Andrews Place #203 Wellington, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Carol Coleman 14224 Stroller Way Wellington, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Paul Valliere 13833 Wellington Trace #E4 Wellington, FL 33414

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allene Simmons Allene Simmons 10/25/06 561-383-7966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #