

1032

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 28 PH 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 387582

1. Corporation Name
BENT TREE FARM, INC.

2. Principal Office Address
7270 N.W. 12 Street

Suite, Apt. #, etc.
Suite 130

City & State
Miami, Florida

Zip
33126

3. Mailing Office Address
7270 N.W. 12 Street

Suite, Apt. #, etc.
Suite 130

City & State
Miami, Florida

Zip
33126

REINSTATEMENT 03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/1971

5. FEI Number
59-1360325

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Gabor, Frank

Street Address (P.O. Box Number is Not Acceptable)
7270 N.W. 12 Street

Suite, Apt. #, Etc.
Suite 130

City
Miami

100037428541

State
FL

Zip Code
33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/26/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	GABOR, FRANK	7270 N.W. 12 Street, Suite 130	Miami, FL 33126
S/T/D	GABOR, SELMA	7270 N.W. 12 Street, Suite 130	Miami, FL 33126

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/04

Date

(352) 932-9564

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032
REFERENCE : 695762 80690A
AUTHORIZATION : *Patricia Piguit*
COST LIMIT : \$ 908.75

ORDER DATE : May 28, 2004
ORDER TIME : 10:31 AM
ORDER NO. : 695762-005
CUSTOMER NO: 80690A
CUSTOMER: Evan D. Seif, Esq
Breier And Seif, P.a.
Suite 1125
2800 Ponce De Leon Boulevard
Coral Gables, FL 33134

DOMESTIC FILINGS

NAME: BENT TREE FARM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956
EXAMINER'S INITIALS _____

RECEIVED
04 MAY 28 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA