

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 SEP 16 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 516871

1. Corporation Name

Green Meadows Farm, Inc.

Principal Place of Business

Mailing Address

PO Box 31974 8569 Southern Boulevard
Palm Beach Gardens, FL West Palm Beach, FL 33411
33420

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

2. New Principal Office Address, If Applicable
8569 Southern Blvd.

3. New Mailing Office Address, If Applicable
4400 PGA Boulevard

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-76

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 800

5. FEI Number

59-1702921

Applied For

Not Applicable

City & State
West Palm Beach, FL 33411

City & State
Palm Beach Gardens, FL

Zip
33411

Country
USA

Zip
33410

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|
| P/D | Gooderham, Edward | 4400 PGA Boulevard, Ste. 800 | Palm Beach Gardens, FL 33410 |
| S | Harris, J. Richard | 4400 PGA Boulevard, Ste. 800 | Palm Beach Gardens, FL 33410 |
| VP | Fennell, Cecil | 4400 PGA Boulevard, Ste. 800 | Palm Beach Gardens, FL 33410 |
| | | | |
| | | | |
| | | | |

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-09/15/98--01035--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

J. Richard Harris
4400 PGA Boulevard, Suite 800
Palm Beach Gardens, FL 33410

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/11/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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
J. Richard Harris, Secretary

9/11/98
Date

(561) 624-3900
Daytime Phone #

CR200-0 (12-96)