

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 NOV 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F0100304849

1. Corporation Name

Hidden Creek Farm, Inc.

2. Principal Office Address

9667 South 20th Street

Suite, Apt. #, etc.

City & State

Oak Creek, WI

Zip
53154

Country
U.S.A.

3. Mailing Office Address

9667 South 20th Street

Suite, Apt. #, etc.

City & State

Oak Creek, WI

Zip
53154

Country
U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/01

5. FEI Number
39-1734710

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

Margie Engle

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

2126 Henley Place

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33414

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

Margie Engle

REGISTERED AGENT MUST SIGN

Date

11/8/04

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/T/D | Michael H. Polaski | 9667 South 20th Street | Oak Creek, WI 53154 |
| S/VP | Catherine J. Polaski | 9667 South 20th Street | Oak Creek, WI 53154 |
| Asst. Secy | Thomas J. Nichols, Esq. | 111 E. Kilbourn Ave., 19th Floor | Milwaukee, WI 53202-6622 |
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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)(f), 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:

Michael H. Polaski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/04

414-281-1100

Daytime Phone #

CR2001 (01/04)