

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN 13 PM 4:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F60009

1. Corporation Name

HUMPTY DUMPTY FARMS INC.

Principal Place of Business

Mailing Address

2030 NW 118TH ST PL
S. OF INTERSECT. OF SR 225A AND SR 326
REDDICK FL 32686
US

PO BOX 897
S. OF INTERSECT. OF SR 225A AND SR 326
FAIRFIELD FL 32686
US



REINSTATEMENT

96-97

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

2. New Principal Office Address, If Applicable

CROWN COLONY CLUB, 105 PADGET HOUSE

Suite, Apt. #, etc.
5520 N. OCEAN BLVD

City & State
OCEAN RIDGE, FL

Zip Country
33435 USA

3. New Mailing Office Address, If Applicable

CROWN COLONY CLUB, 105 PADGET HOUSE

Suite, Apt. #, etc.
5520 N. OCEAN BLVD

City & State
OCEAN RIDGE, FL

Zip Country
33435 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1981

5. FEI Number

59-2170708

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ACKER, EDWARD J.	2030 NW 118TH ST PL CROWN COLONY CLUB 105 PADGET HOUSE, 5520 N. OCEAN BLVD	REDDICK FL OCEAN RIDGE, FL 33435

8. Name and Address of Current Registered Agent

ACKER, EDWARD J.
2030 NW 118TH ST PL
INTERSECT OF SR 225A AND SR 326 (BOX 897)
REDDICK FL 32686

9. Name and Address of New Registered Agent

Name
EDWARD J. ACKER
Street Address (P.O. Box Number is Not Acceptable)
CROWN COLONY CLUB, 105 PADGET HOUSE
Suite, Apt. #, Etc.
5520 N. OCEAN BLVD
City
OCEAN RIDGE
State Zip Code
FL 33435

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

REGISTERED AGENT MUST SIGN

Date

11/21/96

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96

Date

5417328671

Daytime Phone #

CR2E040 (7/96)