

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H46585**

1. Corporation Name

**OAK COUNTRY FARM, INC.**

Principal Place of Business

Mailing Address

~~JOSEPH MICHAEL MCHUGH~~  
~~7550 GRIFFIN ROAD~~  
~~DAVIE FL 33314~~

~~JOSEPH MICHAEL MCHUGH~~  
~~7550 GRIFFIN ROAD~~  
~~DAVIE FL 33314~~

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

2. New Principal Office Address, If Applicable

**OAK COUNTRY FARM INC**

Suite, Apt. #, etc.

**1247 TERRYSTONE CT**

**WESTON FL**

City & State

Zip

**33326**

Country

3. New Mailing Office Address, If Applicable

**OAK COUNTRY FARM INC**

Suite, Apt. #, etc.

**1247 TERRYSTONE CT**

**WESTON FLA**

City & State

Zip

**33326**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/12/1985**

5. FEI Number

**59-2532717**

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	City / State / Zip
1	2	3	4
PD	MCHUGH, JOSEPH MICHAEL	<del>7550 GRIFFIN ROAD</del>	<del>DAVIE FL 33314</del>
		<b>1247 TERRYSTONE CT</b>	<b>WESTON, FL</b>
			<b>33326</b>
			<b>800004690138--7</b>
			<b>-11/20/01--01090--002</b>
			<b>***900.00 ***900.00</b>
			<b>10/15</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MCHUGH, JOSEPH MICHAEL**

**7550 GRIFFIN ROAD**

**DAVIE FL 33314**

**1247 TERRYSTONE CT**  
**WESTON, FL 33326**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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 **10-25-01**

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph MICHAEL MCHUGH**

**10-25-01** **954-290-**  
Date Daytime Phone #

**1247**

CR2E040 (6/00)