

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAR 26 PM 2:57

DOCUMENT # J27650

1. Corporation Name

STILLMEADOW FARM, INC.

WD100005108

2. Principal Office Address

116 AL HARVEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

~~SAME~~ P.O. Box 466

Suite, Apt. #, etc.

City & State

STONINGTON, CT

City & State

STONINGTON, CT

Zip

06378

Country

USA

Zip

06378

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/7/86

5. FEI Number

59-2722874

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

NRAI SERVICES, INC.

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

526 E. PARK AVENUE

Suite, Apt. #, Etc.

500003932105-9

-03/30/01-01032-011

\*\*\*1650.00 \*\*\*1650.00

City

TALLAHASSEE

State  
FL

Zip Code

32301

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

ASSISTANT SECRETARY.

REGISTERED AGENT MUST SIGN

Date 2/26/01

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

MICHAEL DUFFY

116 AL HARVEY RD

STONINGTON, CT 06378

REINSTATEMENT 95-01

M.W

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

Date

Daytime Phone #

MICHAEL DUFFY /p 2-27-01 860-535-0239

March 19, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Stillmeadow Farm, Inc.  
Ref. Number: J27650

Dear Sir or Madam:

Per your instruction letter of March 6, 2001, we return our application for corporation reinstatement with the title of each officer completed on the document.

Thank you for your attention to this matter.

Representative for Stillmeadow Farms Inc.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

RECEIVED BY THE DEPARTMENT OF STATE

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**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

March 6, 2001

**STILLMEADOW FARM, INC.**  
P.O. BOX 466  
STONINGTON, CT 06378 US

**SUBJECT: STILLMEADOW FARM, INC.**  
Ref. Number: J27650

We have received your document for STILLMEADOW FARM, INC. and check(s) totaling \$1650.00. However, your check(s) and document are being returned for the following:

✓ Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott  
Document Specialist

Letter Number: 201A00013668