

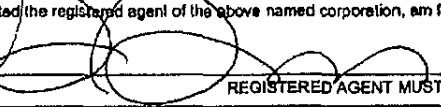
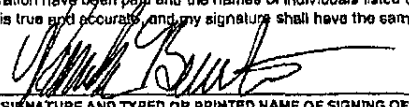


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 OCT 21 AM 8:20 TALLAHASSEE, FLORIDA 	
DOCUMENT # <u>527650</u> 1. Corporation Name STILLMEADOW FARM, INC.					
2. Principal Office Address - No P.O. Box # 116 Al Harvey Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 466 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida August 7, 1986	
City & State Stonington, CT		City & State Stonington, CT		5. FEI Number 59-2722874	
Zip 06378		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. 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:  Dona L. Priebe, Assistant VP. <u>10-21-09</u> REGISTERED AGENT MUST SIGN					
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		
Director	Pamela Brewster	116 Al Harvey Road	Stonington, CT 06378		
President, CEO, Treasurer & Secretary	Pamela Brewster	116 Al Harvey Road	Stonington, CT 06378		
Asst. Treasurer & Asst. Secretary	Katharin Brewster-Duffy	116 Al Harvey Road	Stonington, CT 06378		
Vice President	Henri Gourd	116 Al Harvey Road	Stonington, CT 06378		
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 contained in Chapter 119, 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: 		Pamela Brewster		<u>10/15/2009</u> <u>860-535-4200</u> Date Daytime Phone #	

Florida Department of State
Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

STILLMEADOW FARM, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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