

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -8 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K10148

1. Corporation Name

BRIDGE MEADOW FARM, INC.

2. Principal Office Address

2 HARVARD CIRCLE

Suite, Apt. #, etc.

SUITE 400

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 89-04

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/1988

5. FEI Number

58-1770188

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

RAYMOND M. BOYD

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

2 HARVARD CIRCLE

Suite, Apt. #, Etc.

SUITE 400

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

*Raymond M. Boyd*

Date 9/20/04

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
P	ROBERT V. KENNA	230 WELLS ROAD	PALM BEACH, FL 33480
S, T	RAYMOND M. BOYD	2 HARVARD CIRCLE, STE 400	WEST PALM BEACH, FL 33409

700041292207  
03/23/04--01043--008 \*\*2672.50

700041292207  
10/15/04--01051--015 \*\*61.00

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:

*Raymond M. Boyd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/04

Date

561-478-5204

Daytime Phone #

CR2E081 (01/04)