

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 FEB 18 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43093**

1. Corporation Name

AVOCADO HORSE FARM, INC.

New ADDRESS
16200 GOLF CLUB
ROAD # 310 WESTON
FLORIDA 33326

Principal Place of Business

10335 PANAMA STREET
COOPER CITY FL 33026

New Address

1737 ASPEN LANE
WESTON, FLORIDA 33327

Mailing Address

10335 PANAMA STREET
COOPER CITY FL 33026

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1737 ASPEN LANE

City & State

WESTON, FLORIDA

Zip

Country

33327

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1737 ASPEN LANE

City & State

WESTON, FLORIDA

Zip

Country

33327

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1986

5. FEI Number

59-2770088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375-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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDST	MEDINA, ANGEL MANUEL	10335 PANAMA STREET	COOPER CITY FL

900005072179--5
-03/08/02--01011--004
****908.75 ****908.75

8. Name and Address of Current Registered Agent

MEDINA, ANGEL MANUEL
10335 PANAMA STREET
COOPER CITY FL 33026

New Address

1737 ASPEN LANE
WESTON, FLORIDA 33327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Angel Medina

REGISTERED AGENT MUST SIGN

Date 1-29-2002

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:

Angel Medina

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2001 (954) 3851923

Date Daytime Phone #