PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9800004217

1. Corporation Name

FILED SEURETARY OF STATE FISION OF CORPORATIONS

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Principal Place of Business S88 BROWN LINE S88 BROWN LINE SAPASOTA FL 34222 If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect in formation and enter correction below. If above addresses are incorrect in any way, line through incorrect in any way incered in properties of the pro	THE FARM SCHOOL, INC.								
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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:

DE OF RIGHTS OFFICER OR DIRECTOR

15-00

Daytime Phone #