

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 4:06

DOCUMENT # N98000004217

1. Corporation Name

THE FARM SCHOOL, INC.

Principal Place of Business

Mailing Address

5883 BROWN LANE
SARASOTA FL 34232

5883 BROWN LANE
SARASOTA FL 34232

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

The Farm School

The Farm School

Suite, Apt. #, etc.

Suite, Apt. #, etc.

133 McIntosh Rd.

133 McIntosh Rd.

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34232

USA

34232

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1998

5. FEI Number

65-0855202

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	KATZ, JOSEPH C	5883 BROWN LANE	SARASOTA FL 34232
D	ANENBERG, CARA L	5883 BROWN LANE	SARASOTA FL 34232
D	RUBIN, FERNE S	2023 CONSTITUTION BLVD.	SARASOTA FL 34231
D	LAYMAN, BERNIE	5566 PALMER BLVD.	SARASOTA FL 34232
D	WESTERVELT, DONALD ESQ	1505 ESCALANTE SW	ALBUQUERQUE NM 87104

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, JOSEPH C
5883 BROWN LANE
SARASOTA FL 34232

Name

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

000003440970

Suite, Apt. #, Etc.

-10/26/00--01088--016

City

***245.00

***245.00

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

Date 10-15-00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cara Anenberg
Cara Anenberg Director 10-15-00