#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

#### DOCUMENT # P00000006669

1. Corporation Name

PANTHER RIDGE FARM, INC.

Principal Place of Business

Mailing Address

14755 PALM BEACH POINT BLVD. WELLINGTON FL 33414

14755 PALM BEACH POINT BLVD. WELLINGTON FL 33414

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 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Country FILED

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SECRETARY OF STATE MLLAHASSEE, FLORIDA

REINSTATEMENT 03 

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	Date Incorporated or Qualified To Do Business in Florida	01/13/2000	
,	01/10/2000		
	5. FÉI Number		Applied For
	65-0994543	_	Not Applicable
	6. S8.75 Additional Fee require		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 14755 PALM BEACH POINT BLVD. D BERENS, JUDITH M **WELLINGTON FL 33414** 

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
	Name		
PERENS, JUDITH M 14755 PALM BEACH POINT BLVD	Street Address (P.O. Box Number is Not Acceptable)		
WELLINGTON FL 33414	Suite, Apt. #, Etc.		
	City State 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-6-03

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Panther Ridge Farm



10-6.03

Alea Lus

We at Parther Pekge Farm did not receive the previous notices to file the UBR We have had several changes in Postal Carriers and have mosted many important consepondences. Thank you for your consideration on this matter as it has recently been considerated.

Judeth Un Bisens