

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 14 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000012017**

**1. Corporation Name**

OLD FARM, INC

**2. Principal Office Address**

220 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

400

City & State

CORAL GABLES FLORIDA

Zip

33134

Country

USA

**3. Mailing Office Address**

220 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

400

City & State

CORAL GABLES FLORIDA

Zip

33134

Country

USA

**REINSTATEMENT** 03-04-TR

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-0991878

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

MICHAEL E. CRIDEN, ESQ

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

220 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 400

City

CORAL GABLES

State  
**FL**

Zip Code  
33134

**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

*Michael E. Criden*  
REGISTERED AGENT MUST SIGN

Date **5/7/04**

**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
D, P	MICHAEL E. CRIDEN	220 ALHAMBRA CIRCLE SUITE 400	CORAL GABLES, FLORIDA 33134
D, VP	TODD KATZ	220 ALHAMBRA CIRCLE SUITE 400	CORAL GABLES, FLOIRDA 33134

500037389325  
05/28/04--01003--011 \*\*900.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael E. Criden*

Date

Daytime Phone #

**5/7/04 305-351-9000**

CR2E081 (01/04)