

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079704

1. Corporation Name
Hogate Farms, Inc.

[Handwritten initials]

REINSTATEMENT 01-04 *[Handwritten]*

2. Principal Office Address
9691 Santa Rosa Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Tamarac, FL
Zip
33321
Country
USA

City & State
City & State
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 8/23/00
5. FEI Number 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 Charles Hogate
Street Address (P.O. Box Number is Not Acceptable) 9000 Sheridan Street
Suite, Apt. #, Etc. #116
City Pembroke Pines
State FL Zip Code 33024
500039070325
07/13/04--01067--014 **420.00

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 *[Handwritten Signature]* Date 6/29/04
REGISTERED AGENT MUST SIGN

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
P.D	Wayne Skervin	9691 Santa Rosa Dr.	Tamarac, FL 33321

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: *[Handwritten Signature]* Date 6/29/04 Daytime Phone # 954-309-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)

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HOLGATE FARMS, INC.
9691 Santa Rosa Drive
Sunrise, FL 33321

July 9, 2004

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE Holgate Farms, Inc.

To whom it ma concern:

Please find enclosed the Corporate Reinstatement form for Holgate Farms. We never received the annual report form required to be filed in order to stay active. Please forgo the reinstatement fee of \$600.00.

We are enclosing a check in the amount of \$420.00 representing the annual report fee required since the corporation was administratively dissolved in 2001.

Thank you in advance for your kind consideration.

Sincerely,


Wayne Skervin

c. Charles Holgate