

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000079704

Entity Name: HOLLGATE FARMS, INC.

FILED  
Feb 04, 2007  
Secretary of State

**Current Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE #116  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

9691 SANTA ROSA DR  
TAMARAC, FL 33321

**Current Mailing Address:**

9000 SHERIDAN STREET  
SUITE #116  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9691 SANTA ROSA DR  
TAMARAC, FL 33321

FEI Number: 65-1069962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLGATE, CHARLES  
9000 SHERIDAN STREET  
#116  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

WAYNE, SKERVIN  
9691 SANTA ROSA DR  
TAMARAC, FL 33321 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WAYNE SKERVIN

02/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SKERVIN, WAYNE  
Address: 9691 SANTA ROSA DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SKERVIN, GEORGE  
Address: 1810 SW 65TH AVE  
City-St-Zip: POMPANO BEACH, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SKERVIN

PD

02/04/2007

Electronic Signature of Signing Officer or Director

Date