

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000100581

1. Corporation Name

Holly Brook Farms Inc

2002-2003
CUBR

2. Principal Office Address

9281 1/2 102 Place S.

Suite, Apt. #, etc.

Boynton Beach

City & State

Florida

Zip

33437

Country

Bohm Beach

3. Mailing Office Address

PO Box 3865 Boca Raton

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33437

Country

Bohm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1148729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

Name

GARY - BRAUKFIELD

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

9281 1/2 102 Place South

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/27/2003

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
Pres	GARY R BRAUKFIELD	1330 NE 4th Ave Boca FL	33433
Secretary	Lissette Braukfield	14040 C Westwind Way DelRay Beach FL	33484

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]

GARY R BRAUKFIELD (Pin)

3/24/03

561 716
4518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

1 Gal Supplier



1 Gal Supplier

HOLLYBROOK FARMS

Boynton Beach, Florida

Ficus & Bougainvillea Liners
One Gallon Colorful Perennials

Tel # 561-369-2688
Cell # 561-716-4518
Fax # 561-369-1327

Gary
Lissette
Edward

Mailing Address ²⁰¹²
P.O. Box 3865
Boca Raton FL
33427

Gentlemen

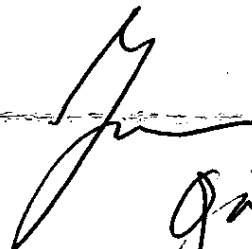
We did Not receive anything
Renewal or ~~a~~ letter

You Did not have my Proper PO

Address Where I get all my

Mail- P.O. Box 3865
Boca Raton FL 33427

Thank you


Gary R. Brachner
President