

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106421

1. Corporation Name

Pegasus Farms Incorporated

2. Principal Office Address - No P.O. Box #

2850 N.E. 107th Terrace

3. Mailing Office Address

P.O. Box 204

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Bronson, Florida

City & State

Bronson, Florida

Zip

32621

Country

USA

Zip

32621-0204

Country

USA

REINSTATEMENT 11-12

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

November 2, 2001

5. FEI Number

010556650

☐ 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

Kenneth L. Ihlenfeldt

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

2850 N.E. 107th Terrace

Suite, Apt. #, Etc.

N/A

City

Bronson

State

FL

Zip Code

32621

800226169008
03/26/12--01008--002 **300.00

MAR 26 2012

3-TONER

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

Kenneth L. Ihlenfeldt

REGISTERED AGENT MUST SIGN

Date **March 16, 2012**

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	Marie Darlyne Joseph	2850 N.E. 107th Terrace	Bronson, FL 32621
S/D	Kenneth L. Ihlenfeldt	2850 N.E. 107th Terrace	Bronson, FL 32621

RES Fee waived due to clerical error. 3/26

10. E-mail Address: **pegasusfarmsinc@gmail.com**

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE

Kenneth L. Ihlenfeldt

Kenneth L. Ihlenfeldt March 16, 2012 352 486-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #