

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114449

1. Corporation Name

KENSINGTON FARMS, INC.

Principal Place of Business

16360 W. HIGHWAY 326
MORRISTON FL 32668

Mailing Address

16360 W. HIGHWAY 326
MORRISTON FL 32668

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

5. FEI Number

X 32-0002448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	IZDEBSKI, PATRICIA	16360 W. HIGHWAY 326	MORRISTON FL 32668

8. Name and Address of Current Registered Agent

GREENFIELD, STEVEN B ESQ.
7000 WEST PALMETTO PARK ROAD, SUITE 402
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

PATRICIA J. IZDEBSKI

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

16360 W. HWY 326

Suite, Apt. #, Etc.

City

MORRISTON

State

FL

Zip Code

32668

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/23/02

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., 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/02

Daytime Phone #

CR2E040 (8/02)



"Horse Country"

Kensington Farms, Inc.

Boarding • Lay Ups • Mare Care • Horse Transportation

December 24, 2002

State of Florida
Department of State

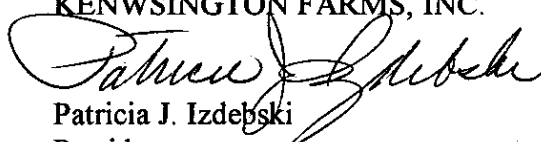
Dear Sir/Madam:

Please find enclosed a completed application for reinstatement for Kensington Farms, Inc. and a filing fee of \$150.00 as requested.

This letter is to further advise you that I have not received the two prior uniform business reports (UBR) and request that you waive the reinstatement fee.

Thank you for your cooperation.

Very truly yours,
KENWSINGTON FARMS, INC.


Patricia J. Izdebski
President

Encls.

Kensington Farms, Inc.
16360 W. Hwy 326, Morriston, FL 32668
Phone 352-528-3162 • Fax 352-528-0107 • email ambtrans@aol.com