

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000021613

1. Corporation Name

SERENDIPITY LITTLE FARMS, INC.

Principal Place of Business

Mailing Address

4890 S.W. 139TH AVENUE  
MIRAMAR FL 33027

4890 S.W. 139TH AVENUE  
MIRAMAR FL 33027

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

2. New Principal Office Address, If Applicable

4290 SW 139TH AVE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027-3078

Country

USA

3. New Mailing Office Address, If Applicable

4290 SW 139TH AVE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027-3078

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2002

5. FEI Number

01-0609533

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CASTRO, FRANCISCO C	4290 S.W. 139TH AVENUE	MIRAMAR FL 33027
SVD	CASTRO, MIRIAM D	4290 S.W. 139TH AVENUE	MIRAMAR FL 33027

8. Name and Address of Current Registered Agent

CISNEROS, ELISA L

10841 S.W. 75TH STREET

MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV 14 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



500024715355

11/14/03--01074--025 \*\*150.00

CR2E040 (7/03)

**Serendipity Little  
Farms Inc**

# Memo

**To:** Division of Corporations  
**From:** Francisco castro  
**CC:**  
**Date:** 11/06/03  
**Re:** Application for Reinstatement

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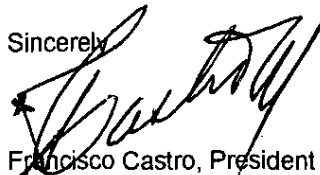
Getlemen:

We didn't receive the two prior UBR notices because the address of the principal place of business is incorrect. The correct address is included on the application for reinstatement.

We respectfully ask you to waive the penalty and accept the application.

Please find enclosed check for \$150.00 for year 2003.

Sincerely,



Francisco Castro, President

enclosures