

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-09

200164775392
01/06/10--01042--010 **1500.00

CR2E081 (11/09)

DOCUMENT # P03000017165

1. Corporation Name

Peggy's Hay Farm, Inc.

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

12744 Curley Street

Suite, Apt. #, etc.

3. Mailing Office Address

4 Bowser Road

Suite, Apt. #, etc.

City & State

San Antonio, FL

City & State

Lexington, MA

Zip

33576

Country

USA

Zip

02420

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2003

5. FEI Number

54-2118148

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

Leonard H. Johnson

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

37837 Meridian Avenue

Suite, Apt. #, Etc.

Suite 100

City

Dade City

State

FL

Zip Code

33525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/4/10

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
DPTS	Peggy S. Barons	4 Bowser Road	Lexington, MA 02420

10. E-mail Address: mdbar4@aol.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 807 or 817, 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 807.0401 or 817.0401, F.S., 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.

SIGNATURE:

Peggy S. Barons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-09

Date

781-862-7505

Daytime Phone #