

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -5 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD4000170289**

1. Corporation Name

Hidden Creek Blueberry Farms, Inc.

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

1301 Blueberry Road

Suite, Apt. #, etc.

3. Mailing Office Address

1301 Blueberry Rd

Suite, Apt. #, etc.

City & State

Sebring FLA.

Zip

33872

Country

Highlands

City & State

Sebring, FLA

Zip

33872

Country

Highlands

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2004

5. FEI Number

20-2039941

☐ 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

LOBOZZO, James V. Jr.

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

230 South Commerce Avenue

Suite, Apt. #, Etc.

City

Sebring, Fla.

State

FL

Zip Code

33830

700208515917
06/06/11--01050--008 **750.00

700208515917
07/05/11--01057--028 **150.00

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

6/30/11

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
Dr.	PAYNE, Robert L.	1301 Blueberry, Rd.	Sebring, Fla. 33872
Dr.	PAYNE, Caroline J.	1301 Blueberry Rd.	Sebring, Fla. 33872

10. E-mail Address: **BERRY1@EMBARQ mail. 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:

[Signature]

ROBERT L. PAYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/11

Date

863-471-2753

Daytime Phone #