

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000028228

1. Entity Name
FARMER'S EMPORIUM, INC.



FILED

2007 DEC -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4619 W OKEECHOBEE BLVD
SUITE 100-102
WEST PALM BEACH, FL 33417 US

Mailing Address
4619 OKEECHOBEE BLVD
SUITE 100-102
WEST PALM BEACH, FL 33417 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11282007 REIN-P CR2E098 (1/07)

4. FEI Number
20-2453890

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANTELL, EVA
8090 NEDMAR AVE
BOCA RATON, FL 33434

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
MANTELL, EVA
8090 NEDMAR AVE
BOCA RATON, FL 33434

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

300112912073
12/06/07--01060--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VP
MANTELL, ROBERT
8090 NEDMAR AVE
BOCA RATON, FL 33434

☐ Delete

TITLE
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CITY- ST- ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eva Mantell EVA MANTELL

12-4-07 561615-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC 6 2007