

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 15 PM 4:25

DOCUMENT # P05000097944

1. Corporation Name

HORSE FEATHERS FARM, INC.

**REINSTATEMENT** 06-09 <sup>KS</sup>

300160670083

09/15/09--01012--007 \*\*\$608.75  
CR2E081 (12/08)

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

24804 John Sutton Lane

3. Mailing Office Address

P.O. Box 346

Suite, Apt. #, etc.

none

Suite, Apt. #, etc.

none

City & State

Astatula, Florida

City & State

Astatula Florida

Zip

34705

Country

USA

Zip

34705

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 12, 2005

5. FEI Number

86 - 1143749

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

Dawn Cucinotta

Street Address (P.O. Box Number is Not Acceptable)  
24804 John Sutton Lane

Suite, Apt. #, Etc.

none

City

Astatula

State

FL

Zip Code

34705

☒ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Dawn L. Cucinotta*

REGISTERED AGENT MUST SIGN

Date

9/10/09

**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
P/D	Dawn L. Cucinotta	24804 John Sutton Lane P.O. Box 346	Astatula, FL 34705
V	Dawn L. Cucinotta	24804 John Sutton Lane P.O. Box 346	Astatula, FL 34705
S	Dawn L. Cucinotta	24804 John Sutton Lane P.O. Box 346	Astatula, FL 34705
T	Dawn L. Cucinotta	24804 John Sutton Lane P.O. Box 346	Astatula, FL 34705

10. 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 contained in Chapter 119, 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:

*Dawn L. Cucinotta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/09 352 455

Daytime Phone # 0055

corrected FEI# PER CONVERSATION WITH DAWN CUCINOTTA 9/17/09 KS