

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 Jan -2 PM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Woodside Farm Inc**
1. Corporation Name
P090000.55939

2. Principal Office Address - No P.O. Box # 13268 Polo Club Rd		3. Mailing Office Address	
Suite, Apt. #, etc. 205A		Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip 33414	Country USA	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 01/29/2009	
5. FEI Number 270 452 718	Applied For <input type="checkbox"/> 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 Kelk Phillips, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 12230 W. Forest Hill Blvd.			
Suite, Apt. #, Etc. Suite 110-W1			
City Wellington	State FL	Zip Code 33414	

600267935666
01/02/15--01024--002 **900.00

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 	Date 12/29/14
REGISTERED AGENT MUST SIGN	

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.T. S.D.	Brian Walker	13268 Polo Club Rd. 205A	Wellington, FL, 33414
D	Sophie Walker	13268 Polo Club Rd. 205A	Wellington, FL, 33414

REINSTATEMENT
2013-2014

10. E-mail Address: **zach@kelkphillips.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/14

Date

Daytime Phone #