

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000056874

Entity Name: WISHING WELL BARN, INC.

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4302 PIPPIN ROAD  
PLANT CITY, FL 33567 US

**New Principal Place of Business:**

**Current Mailing Address:**

4302 PIPPIN ROAD  
PLANT CITY, FL 33567 US

**New Mailing Address:**

FEI Number: 45-5586746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WELCH, MICHELLE  
4302 PIPPIN ROAD  
PLANT CITY, FL 33567 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MICHELLE A. WELCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WELCH, MICHELLE  
Address: 4302 PIPPIN ROAD  
City-St-Zip: PLANT CITY, FL 33567 US

Title: VD  
Name: WELCH, BLAKE  
Address: 4302 PIPPIN ROAD  
City-St-Zip: PLANT CITY, FL 33567 US

Title: T  
Name: BENNETT, THOMAS  
Address: 4302 PIPPIN ROAD  
City-St-Zip: PLANT CITY, FL 33567 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE A. WELCH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/30/2014

\_\_\_\_\_  
Date