

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000041734

1 Corporation Name

PROSPECT FARMS, INC.

Principal Place of Business

7021 PROSPECT RD
SARASOTA FL 34243
US

Mailing Address

3014 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

(CHANGE)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

06/07/1993

5 FEI Number

65-0427038

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DSV	ROTONDO, DEBORAH	3014 GULF OF MEXICO DRIVE	LONGBOAT KEY FL
DPT	ROTONDO, ENRICO	3014 GULF OF MEXICO DRIVE	LONGBOAT KEY FL
	571 BIRDIE LANE (CHANGE)	571 BIRDIE LANE	
	LONGBOAT KEY	SARASOTA - FL. 34228	
		LONGBOAT KEY	000002038970--6 -12/27/96--01036--020 ****375.00 ****375.00

8 Name and Address of Current Registered Agent

DUNHAM, M J
1805 MAIN ST
STE 610
SARASOTA FL 34238

9 Name and Address of New Registered Agent

Name DEBORAH ROTONDO
Street Address (P.O. Box Number is Not Acceptable)
571 BIRDIE LANE
Suite, Apt. #, Etc.
LONGBOAT KEY
City SARASOTA
State FL Zip Code 34228

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah Rotondo (NEW AGENT)

Date SEPT 20-96

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Rotondo

SEPT 20 - 1996

Date

Daytime Phone #

CR25040 (7/96)