

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 DEC 19 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085807**

1. Corporation Name

**CARPE DIEM FARM, INC.**

**97-AR**

Principal Place of Business

~~12405 S.W. 16TH AVENUE--~~  
OCALA FL 34474

Mailing Address

~~12405 S.W. 16TH AVENUE--~~  
OCALA FL 34474



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.  
**2100 S.W. 42nd Street**

City & State  
**Ocala, FL**

Zip  
**34474**

Country  
**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**2100 S.W. 42nd Street**

City & State  
**Ocala, FL**

Zip  
**34474**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**01/01/1994**

5. FEI Number

**59-3215440**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 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
D	STONER, MARY F	<del>12405 S.W. 16TH AVENUE</del> 2100 S.W. 42nd Street	OCALA FL 34474
			3000002382692--3 -12/24/97--01084--012 ***165.00 ***165.00

*a. alon*  
*12/19/97*

8. Name and Address of Current Registered Agent

**STONER, MARY F**  
~~12405 S.W. 16TH AVENUE--~~  
OCALA FL 34474

9. Name and Address of New Registered Agent

Name  
**Stoner, Mary F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2100 S.W. 42nd Street**  
Suite, Apt. #, Etc.  
City  
**Ocala**  
State  
**FL**  
Zip Code  
**34474**

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

*Mary Stoner MD*

REGISTERED AGENT MUST SIGN

Date

*12/16/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

*Mary Stoner MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/16/97*  
Date

*(352) 861-2020*  
Daytime Phone #

CF2E040 (8/97)

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Mary F. Stoner  
CARPE DIEM FARM  
2100 Southwest 42nd Street  
Ocala, Florida 34474

December 15, 1997

Florida Department Of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Dear Sir/Madam,

I have recently been informed that the Annual Corporate Statement for Carpe Diem Farm, Inc. was not received by the Department. My records indicate that my report was mailed along with a check in the amount of \$165.00 on March 15, 1997.

After checking with my accountant to verify the problem, I called the Department today and spoke with Mr. Andy Dunlap. He informed me that the form was received by the Department with the correct fee but the Federal I.D. # was not included on the form. His records show that the form was returned to Carpe Diem Farm on March 20, 1997.

I did not receive the returned form. I respectfully request that you accept the original fee as full payment for the 1997 Annual Corporate Statement and with the enclosed application, reinstate my corporation. Please contact me with any questions you may have.

Sincerely,

CARPE DIEM FARM, INC.



Mary F. Stoner, Director

enclosures