PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
* APPLICATION FOR	FLORIDA DEPAR Sandra I	RTMENT OF STATE 3. Mortham	1			
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # P94000020553 1. Corporation Name			98 DEC -8 PM 1:11			
CANEFIELDS COURT FARM, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				ALLANADOLLI		
1 5752 SEEAMIGT L ANE 1 5752 SEEAMIS WELLINGTON FL 33414 WELLINGTON FL		IST LANE FL 33414				
If above addresses are incorrect in any way, line through incorrect information and enter correction below, 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			A. Date Incorporated of Qualified To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				03/14/1994	
ISAS2 SEM MIST LANE City&State	LS752 City & State	SEAMIST LANE	5. FEI Number	65-0470837	Applied For Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each						
		Officer and/or Director NOT Use Post Office Box Nu				
PSD GUARDIOLA, MARLENE D. 15752 SEEAMIST T.			<i>r</i> e	WELLINGTON FL 334		
VPSD GUARDIOLA, GEORGE D, 15752 SEEAMIST			WELLINGTON FL 33414			
		· · · ·	700002712297			
		· · · · · · · · · · · · · · · ·				
8. Name and Address of Current R	egistered Agent		9. Name and A	Address of New Register	ed Agent	
CORPORATION COMPANY OF MIAMI			MARLENE de GUARDIO/A			
THE ESPERANTE BLDG. 222 LAKEVIEW AVE., S-1000 THE SPERANTE BLDG. 250 Quas (nellow) 57 50 50 50 50 50 50 50 50 50 50			252 Ser	H MIST LA	NE	
THE ESPERANTE BLDG. 222 LAKEVIEW AVE., S-1000 WEST PALM BEACH FL 33401 City / / E// city					ate Zip Code	
10. I, being appointed the registered ecent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Marken Date 12-3-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No C (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 of if made under cath.						
SIGNATURE: MALANE STA 7983632						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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