

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

98 DEC 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051839

1. Corporation Name

BLACKWOOD FARMS, INC.

Principal Place of Business

7400 East Cypresshead Drive
Parkland, FL 33067

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1994

5. FEI Number

65-0519327

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
P	ALAN GOTTLIEB	7400 East Cypresshead Drive	Parkland, FL 33067

8. Name and Address of Current Registered Agent

ALAN GOTTLIEB
7400 East Cypresshead Drive
Parkland, FL 33067

9. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 12/17/98

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN GOTTLIEB, PRESIDENT

12/17/98

Date

Daytime Phone #

561-213 4953 (cell)
561-275-8833

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 071397 81763A

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Pignatelli

ORDER DATE : December 18, 1998

ORDER TIME : 1:12 PM

ORDER NO. : 071397-005

CUSTOMER NO: 81763A

CUSTOMER: Laurie Constable, Legal Asst
Keith C. Austin, Jr., P.a.
340 Royal Palm Way, 1st Floor

Palm Beach, FL 33480

DOMESTIC FILINGS

NAME: BLACKWOOD FARMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS _____

RECEIVED
DEC 18 PM 2:13
DIVISION OF CORPORATIONS