

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PA400000091602*

1. Corporation Name

*Wellington Farms Inc.*

*300003504393--1*

*-12/18/00--01123--001*

*\*\*\*\*750.00 \*\*\*\*750.00*

2. Principal Office Address

*417 Fredrick Farm Rd*

Suite, Apt. #, etc.

3. Mailing Office Address

*417 Fredrick Rd.*

Suite, Apt. #, etc.

City & State

*Bunnell FL.*

City & State

*Bunnell FL.*

Zip

*32110*

Country

*USA*

Zip

*32110*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*September 13, 1997*

5. FEI Number

*59-3267699*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Clifford A. Taylor*

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

*507 E. Moody Blvd*

Suite, Apt. #, Etc.

City

*Bunnell*

State

*FL*

Zip Code

*32110*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Clifford A. Taylor*

REGISTERED AGENT MUST SIGN

Date *11-17-00*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bruce Hedetniemi	417 Fredrick Farm Rd.	Bunnell, FL 32110
S/T	Bathy Hedetniemi	417 Fredrick Farm Rd	Bunnell, FL 32110

10. 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:

*Cathy A. Hedetniemi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-17-00*

Date

Daytime Phone #

CR2E081 (9/99)

page 2 of 2

December 11, 2000

To Whom It May Concern:

This letter is in reference to our corporation reinstatement. Due to our moving we did not receive our paperwork for 2000. Our new address is:

Wellington Farms, Inc.  
417 Fredrick Farm Road  
Bunnell, Florida 32110  
904-437-0325

Also when the reinstatement has be completed, it would be greatly appreciated if you would attach a copy to the workman's compensation paperwork that I have included and mail to them. We need to have this completed by December 31, 2000.

Thank you.

  
Cathy A. Hedetniemi