

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
OF  
REINSTATEMENT



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

DOCUMENT # P94000086233

1. Corporation Name

CYPRESS HOLLOW FARMS, INC.

Principal Place of Business

561 20TH AVE. NW  
NAPLES FL 34120

Mailing Address

561 20TH AVE. NW  
NAPLES FL 34120

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/1994

5. FEI Number

65-0701298

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPV	BOYATT, ANTHONY D	561 20TH AVE. NW	NAPLES FL 33964
ST	BOYATT, ANTHONY D	561 20TH AVE. NW	NAPLES FL 33964
			6000002346936-3 -11/13/97--01092--023 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYATT, ANTHONY D  
561 20TH AVE. NW  
NAPLES FL 33964

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

FILED

97 NOV 10 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/97)

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

November 3, 1997

Re: Corporate filing: Cypress Hollow Farms

To Whom it may concern,

This letter is in confirmation to a conversation with your office on November 3, 1997. I, Anthony D. Boyatt, do state I did not previously receive information regarding corporate filing, and with no malice intended, did not willfully disregard my responsibility in paying corporate filing fees for 1997. Furthermore in past years, the task of filing corporate reports was the responsibility of my accountant with whom I am no longer a client. I do promise in future years to file any and all corporate reports in a timely manner

Thank you.  
Sincerely,



Anthony D. Boyatt