

HARVEY R. KLEIN
H. RANDOLPH KLEIN

KLEIN & KLEIN

Attorneys at Law
333 N.W. 3rd Avenue
Ocala, Florida 34475

PHONE (904) 732-7760
FAX (904) 732-7764

P95 00000 9558
January 31, 1995

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

400001395954
-02/01/95--01112--003
****122.50 ****122.50

RE: Honeygrove Farm, Inc.

Gentlemen:

Please file the enclosed Articles of Incorporation and send the certified copy and your acknowledgement to me in care of this office. Enclosed is our check in the sum of \$122.50 representing your filing fees.

Very truly yours,

H. Randolph Klein
H. RANDOLPH KLEIN

HRK/kp
enc.

FILED
RECEIVED
55 FEB -1 PM 2:28

OF

The undersigned hereby organizes and subscribes to those Articles of Incorporation under the laws of Florida.

I.

HONEYGROVE FARM, INC.

II.

FILED
RECEIVED
FEB 1 1961
FBI - NEW YORK

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

411 SW 80 Street
Ocala, FL 34476

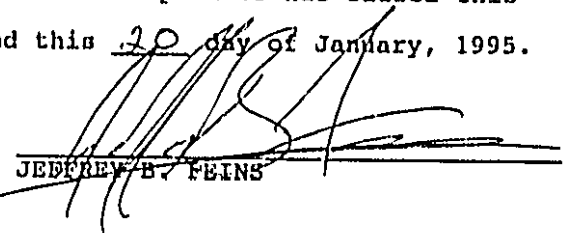
JEFFREY B. FEINS

V.

VI.

JEFFREY B. FEINS
411 SW 80 Street
Ocala, FL 34476

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 20 day of January, 1995.

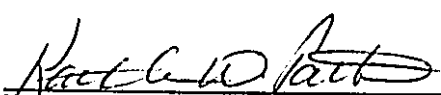

JEFFREY B. FEINS

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared JEFFREY B. FEINS, (✓) who is personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

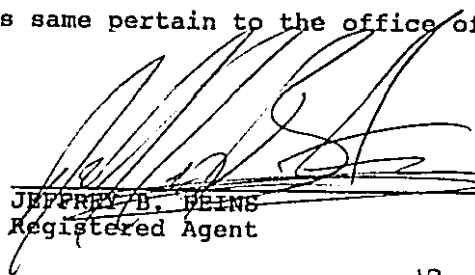
WITNESS my hand and official seal at Ocala, Marion County, Florida, this 20 day of January, 1995.




Notary Public, State of Florida

My commission expires:

Having been named Registered Agent of HONEYGROVE FARM, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.


JEFFREY B. FEINS
Registered Agent

95FEB-1 PM 2:28

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P95000009558

1 Corporation Name

HONEYGROVE FARM, INC.

Principal Place of Business

411 SW 80 ST
OCALA FL 34476

Mailing Address

411 SW 80 ST
OCALA FL 34476

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

City & State

Zip

Country

3 New Mailing Office Address, if Applicable

c/o Smolin, Lupin & Co., P.A.

Suite, Apt. #, etc 100 Executive Dr.,

Suite 180

City & State West Orange, NJ

Zip

Country

07052

Essex

4 Date Incorporated or Qualified To Do Business in Florida

02/01/1995

5 FEI Number

59-3294942

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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

Pres.

Jeffrey B. Feins

411 SW 80th Street

Ocala, FL 34476

000002010190--3
-11/20/96--01100--029
****200.00 ****200.00

000002010190--3
-11/20/96--01100--030
****175.00 ****175.00

10/23/96

8. Name and Address of Current Registered Agent

FEINS, JEFFREY B
411 SW 80 ST
OCALA FL 34476

9. Name and Address of New Registered Agent

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 10/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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

Jeffrey B Feins

Date 10/23/96

Daytime Phone #

0089562

AF

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED



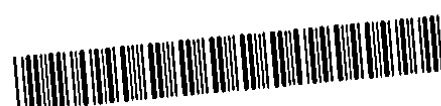
FLORIDA DEPARTMENT OF STATE

Sandra B. Morlham
Secretary of State

DIVISION OF CORPORATIONS

96 NOV 18 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

002000 (7/96)