

P95000044718

The Business Advice Group
9858 Glades Road, Suite 123
Boca Raton, Florida 33434-1717
(City, State, Zip) (Phone #)

FILED
05 JUN -2 PM 2:58
SECRETARY OF STATE
CORPORATION DIVISION
OFFICE USE ONLY

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-06/02/95--01100--002
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6-12-95

Examiner's Initials _____

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95 JUL -2 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES of INCORPORATION

OF

MILE STONE FARM, INC.

The undersigned Incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MILE STONE FARM, INC.

The principal place of business of this corporation shall be 9858 Glades Road, Suite 122 Boca Raton, Florida 33434-3917; and the mailing address shall be the same.

ARTICLE II. NATURE of BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7500 shares of common stock having \$.01 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 9858 Glades Road, Suite 122 Boca Raton, Florida 33434-3917; and the initial registered agent of the corporation is Clyde M. Smith.

ARTICLE V. TERM of EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business affairs of the corporation managed under the direction of its Board of Directors subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The name and street address of the initial members of the Board of Directors are:

Clyde M. Smith, Director
9858 Glades Road, 122
Boca Raton, Florida 33434-3917

ARTICLE VII. INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation is:

Clyde M. Smith, Pres/D
9858 Glades Road, 122
Boca Raton, Florida 33434-3917

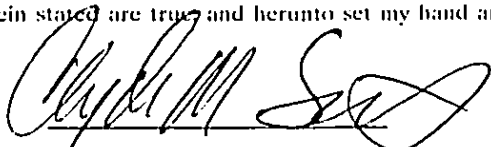
ARTICLE VIII. PRIVATE PROPERTY

The private property of the stockholders shall not be subject to payment of the corporate debts to any extent.

ARTICLE IX. INDEMNITY

This corporation may indemnify and insure its officers and directors to the fullest extent permitted by law.

IN WITNESS WHEREOF, We, the undersigned, being the incorporators hereinbefore named, for the purpose of forming a Corporation to do business both within and without the State of Florida, under the laws of Florida, make and file these Articles of Incorporation hereby declaring and certifying that the facts herein stated are true and herunto set my hand and seal this 18th day of May, 1995.



Clyde M. Smith, President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000044718**

1. Corporation Name

MILE STONE FARM, INC.

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TALLAHASSEE, FLORIDA



Principal Place of Business

9858 GLADES ROAD
SUITE 122
BOCA RATON FL 33434-3917

Mailing Address

9858 GLADES ROAD
SUITE 122
BOCA RATON FL 33434-3917

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

2. New Principal Office Address, if Applicable
~~16759 DEER PATH LANE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
~~16759 DEER PATH LANE~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1995

City & State
~~LOXAHATCHEE, FLORIDA~~
Zip
33470

City & State
~~LOXAHATCHEE, FLORIDA~~
Zip
33470

5. FEI Number

65-0646156

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SR The State of Florida Department of State Tallahassee, Florida

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SMITH, CLYDE M	9858 GLADES ROAD, SUITE 122 16759 DEER PATH LANE	BOCA RATON FL 33434 LOXAHATCHEE, FL 33470
			000002032420--8 -12/18/96--01052--008 ****375.00 ****375.00

REINSTATEMENT *al*

8. Name and Address of Current Registered Agent

SMITH, CLYDE M
9858 GLADES ROAD
SUITE 122
BOCA RATON FL 33434-3917

9. Name and Address of New Registered Agent

Name
SMITH, CLYDE M.
Street Address (P.O. Box Number is Not Acceptable)
16759 DEER PATH LANE
Suite, Apt. #, Etc.
City
LOXAHATCHEE
State
FL
Zip Code
33470

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

Clyde M. Smith
REGISTERED AGENT MUST SIGN

Date 12-10-96

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)(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:

Clyde M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-96(56) 798-2212
Date Daytime Phone #