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
96 DEC 13 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000044718**

1 Corporation Name

MILE STONE FARM, INC.

Principal Place of Business	Mailing Address
9858 GLADES ROAD SUITE 122 BOCA RATON FL 33434-3917	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	3. New Mailing Office Address, If Applicable
16759 DEERPATH LANE	16759 DEERPATH LANE
Suite, Apt. #, etc. -	Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FLORIDA	City & State: LOXAHATCHEE, FLORIDA
Zip: 33470 Country	Zip: 33470 Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/02/1995

5. FEI Number: 65-0646156 ☐ 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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
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

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 DEERPATH LANE
Suite, Apt. #, Etc.:
City: LOXAHATCHEE State: FL Zip Code: 33470

CR2E040 (7/96)

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: [signature] SIGNATURE REQUIRED
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: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-96 (561) 798-2212
Date Daytime Phone #

0000019 AP