03/14/05 04:19pm P. 002

FILED

05 MAR 18 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 2 4 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097106

1. Corporation Name

RICHLYN FARM INC

REINSTATEMENT 02-05

Note change in mailing address

2. Principal Office Address	3. Mailing Office Address
2608 NE 24th St ~~33064~~ LIGHTHOUSE POINT FL	Same 2608 NE 24th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE POINT FL	City & State: LIGHTHOUSE POINT FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/95

5. FEI Number: 59-3457658 ☐ 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: EVELYN M POLLARD

Street Address (P.O. Box Number is Not Acceptable): 2608 NE 24th St

Suite, Apt. #, Etc.: ~~LIGHTHOUSE~~ POINT

City: LIGHTHOUSE POINT State: FL Zip Code: 33064

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: Evelyn M. Pollard Date: 3-15-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	EVELYN M POLLARD	2605 NE 24th St	LIGHTHOUSE POINT FL 33064

300049338159
03/25/05--01013--019 **1200.00

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: Evelyn M. Pollard 3/15/05 954781 0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #