

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 DEC 20 AM 9:55

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000010194**

1. Corporation Name

Broadmoor Farms, Inc. - 2004 / 2005

2. Principal Office Address - No P.O. Box #

12770 NW 35th Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

USA

3. Mailing Office Address

12770 NW 35th Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

USA

700188860967  
12/20/10--01041--010 \*\*1500.00

05-10 CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1996

5. FEI Number

59-3365010

☐ 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

Rhonda Clark

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

12770 NW 35th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

**REINSTATEMENT**

05-10

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

*Rhonda Clark*

REGISTERED AGENT MUST SIGN

Date 12/10/2010

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rhonda Clark	12770 NW 35th Street	Ocala, FL 34482

**10. E-mail Address:**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:**

*Rhonda Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2010

Date

Daytime Phone #

*12/12/10*