

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

DOCUMENT # P96000066814

1. Corporation Name

SEVEN WISHES FARM, INC.

Principal Place of Business

7505 NW 137TH AVENUE
MORRISTON FL 32668

Mailing Address

7505 NW 137TH AVENUE
MORRISTON FL 32668

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/06/1996

5. FEI Number

59-4726125

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)

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
PS	PACANINS, ROSA ELENA L	7505 NW 137TH AVENUE	MORRISTON FL 32668

800002345338--6
-11/12/87--0111--006
****14610 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PACANINS, ROSA ELENA L
7505 NW 137TH AVENUE
MORRISTON FL 32668

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

Rosa Pacanins
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25040 (8/97)



Behan - Swanson

Accounting, Inc.

2522 S.W. 27th Avenue

Ocala, Florida 34474

MARY D. BEHAN, EA

Phone (352) 854-2455 • FAX (352) 854-1146

VIVIEN L. SWANSON, EA

November 3, 1997

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

Re: Seven Wishes Farm, Inc. and Seven Wishes Enterprises, Inc.

Gentlemen:

As per our telephone conversation we are again submitting a check for the original payment. Our office submitted the original annual report in May 23, 1997. On July 25, 1997 when we receive the second notice we wrote again. We did not follow through because we expected everything to be correct. All of a sudden we receive the dissolution notice.

Please take care of this matter and let us know if there is another problem. Telephone (353)854-2455.

Sincerely,

Vivien L. Swanson
Behan-Swanson Accounting, Inc.