

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

98 NOV 13 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074062

1. Corporation Name

SAFEPOINT FARMS, INC.

Principal Place of Business

5000 S.W. 148TH STREET
FORT LAUDERDALE FL 33330

Mailing Address

5000 S.W. 148TH STREET
FORT LAUDERDALE FL 33330

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

09/06/1996

5. FEI Number

APPLIED FOR

☒ 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
D	LETTERESE, PETER D	5000 S.W. 148TH STREET	FORT LAUDERDALE FL 33330
D	LETTERESE, BARBARA G	5000 S.W. 148TH STREET	FORT LAUDERDALE FL 33330

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758.75 *****758.75

REINSTATEMENT

98

11/16/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LETTERESE, BARBARA G
5000 S.W. 148TH STREET
FORT LAUDERDALE FL 33330

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/98

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]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98

Date

Daytime Phone #

(954) 434-4568

CR2040 (8/98)

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Safepoint Farms Inc	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 5000 SW 148 AVE	
	4b City, state, and ZIP code FORT LAUDERDALE FL 33330	5a Business address (if different from address on lines 4a and 4b)
	6 County and state where principal business is located BROWARD FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Barbara Letterese (SSN 266-06-8753)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|---|
| <input type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input checked="" type="checkbox"/> Other (specify) ► Never received # Corporation |

10 Date business started or acquired (month, day, year) (see instructions) **9/6/1996** 11 Closing month of accounting year (see instructions) **will be DECEMBER**12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **NO DATE SET - NONE PAID**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **0** Agricultural **0** Household **0**14 Principal activity (see instructions) ► **ANIMAL BREEDING, SALES + SALE OF ANIMAL CARE**15 Is the principal business activity manufacturing? ☐ Yes ☒ No **Books**
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **Barbara Letterese - Director, Owner** Business telephone number (include area code) **954-434-4568**
Fax telephone number (include area code) **954-680-7081**Signature ► **Barbara Letterese** Date ► **NOV 12, 1996**
Note: Do not write below this line. For official use only.

Please leave blank ► Geo. Ind. Class Size Reason for applying