

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN -6 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96-000096851

1. Corporation Name
Stoneriggs Farm, Inc.

2. Principal Office Address
14050 NW Cty Rd 326

3. Mailing Office Address
14050 NW Cty Rd 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Morrison, FL

City & State
Morrison, FL

Zip 32668 Country USA

Zip 32668 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1996

5. FEI Number 621663220

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert J. Slack

100004447351--9
-06/27/01--01041-008
***1050.00 *** 050.00

Street Address (P.O. Box Number is Not Acceptable)
14050 NW Cty Rd 326

Suite, Apt. #, Etc.

City
Morrison

State FL Zip Code 32668

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 *R Slack* Robert J. Slack
REGISTERED AGENT MUST SIGN

Date 6/4/01

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
P	Robert J. Slack	14050 NW C326	Morrison, FL 32668
S	Nora Slack	14050 NW C 326	Morrison, FL 32668

REINSTATEMENT 09-01 78

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: *Robert J. Slack* Robert J. Slack 6/4/01 352-690-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/01)