

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000027260

**Entity Name:** EIGHTY-FIVE FARMS, INC.

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2704 MAULDEN RD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

2704 MAULDEN RD  
SOUTHPORT, FL 32409

**New Mailing Address:**

**FEI Number:** 59-3498482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAULDEN, PATRIA F  
2704 MAULDEN RD  
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PATRIA F. MAULDEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MAULDEN, JAMES W  
**Address:** 102 HARBOUR POINTE DRIVE  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** VPD  
**Name:** MAULDEN, PATRIA  
**Address:** 102 HARBOUR POINTE DRIVE  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** STD  
**Name:** SIMMONS, DOROTHY F  
**Address:** 2923 KIRKWELL AVE  
**City-St-Zip:** HILAND PARK, FL 32405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES W. MAULDEN

PD

09/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date