

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000032991

1. Corporation Name

WESTBROOK FARMS, INC.

Principal Place of Business

1537 OAK FOREST DR.
ORMOND BEACH FL 32174

Mailing Address

STE. 110. SUNRISE PLAZA
1 FLORIDA PARK DR. South
PALM COAST FL 32137

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
1537 Oak Forest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ormond Beach, FL 32174

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1997

5. FEI Number

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
Pres	Robert L. Hirx	1537 Oak Forest DR	Ormond Beach FL 32174
Vice Pres	Rose L. Hirx	1537 Oak Forest DR	Ormond Beach FL 32174

2000002733532-4
-01/07/99--01080-011
****750.00 ****750.00

12/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, B. PAUL
STE. 110, SUNRISE PLAZA
1 FLORIDA PARK DR. S.
PALM COAST FL 32137

Name

B. PAUL KATZ, ESQUIRE

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

Post Office Box 351399 Palm Coast, FL 32135

Suite, Apt. #, Etc.

1 Florida Park Dr. South, Atrium Suite

City

Palm Coast,

State

FL

Zip Code

32137

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

REGISTERED AGENT MUST SIGN

Date

12-3-98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/98
12/2/98

904-673-2880

CR2E040 (8/98)