

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000024793

1. Entity Name  
SUNDARAM FARM, INC.



FILED

06 MAY 16 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
222 SW 36TH TERRACE  
SUITE C  
GAINESVILLE, FL 32607

Mailing Address  
222 SW 36TH TERRACE  
SUITE C  
GAINESVILLE, FL 32607



2. Principal Place of Business

PO Box 357972

3. Mailing Address

PO Box 357972

Suite, Apt. #, etc.

Gainesville, Florida

Suite, Apt. #, etc.

Gainesville, FL

City & State

City & State

05012006 REIN-P CR2E098 (11/05)

Zip  
32605-7972

Country

Alachua

Zip  
32635-7972

Country

Alachua

4. FEI Number

59-3499663

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROVER, LINDA  
222 SW 36TH TERRACE  
SUITE C  
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name

LINDA GROVER

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

PO Box 357972 7409 NW 20th Pl

Gainesville, FL

City

FL

Zip Code

32605

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GROVER, LINDA  
222 SW 36TH TERRACE  
GAINESVILLE, FL 32607 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700075550827  
05/31/06--01021--019 \*\*\$300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700075550827  
05/31/06--01021--020 \*\*\$8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06

352-871-6125