

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 27 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PUMPKIN PRESERVE, inc.

PA8000068364

2. Principal Office Address

16559 91 PL N

Suite, Apt. #, etc.

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALM BEACH

Zip

33470

Country

FL

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/99

5. FEI Number

650863603

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

JODI ROPPOCCIO

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

16559 91 PL N

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State
FL

Zip Code

33470

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Feb 24, 03

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
PRES	JODI ROPPOCCIO	16559 91 PL N	LOXAHATCHEE, FL 33470
V.PRES	RON ROPPOCCIO	"	"

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 03

Date

(501)

333-1022

Daytime Phone #

CR2E081 (10/02)

js 2/25