

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FL

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 MAR 16 PM 1:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000070081

1. Corporation Name

THE IDEA FARM, INC.

Principal Place of Business

Mailing Address

2122 PARK PLACE  
 BOCA RATON FL 33486

2122 PARK PLACE  
 BOCA RATON FL 33486

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1998

5. FEI Number

65-0868892

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BESSE, SUZANNE	2122 PARK PLACE	BOCA RATON FL 33486
			100003892541--7
			-03/22/01--01056--007
			*****300.00 *****300.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BESSE, SUZANNE  
 2122 PARK PLACE  
 BOCA RATON FL 33486

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Suzanne Besse  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-00

Date

561-368-9301 X.122

Daytime Phone #

CR2040 (800)

20F2

December 25, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: The Idea Farm, Application for Reinstatement


Gentlemen:

Please refer to the e-mail correspondence enclosed where I have been informed I can still possibly receive the \$150 reinstatement fee. I never did receive any of the packages for some reason, otherwise I would have definitely filed my report. I am trying to sell an idea, and have not earned any income in my business yet. I asked if the mailings were certified, so that I could track them, and they were not.

Please consider my being able to file for the \$150 fee, as I can not afford more. Thank you for your consideration. I apologize for the lateness in writing since I contacted your office, but I have had serious medical surgery and have been unable to work since.

Thank you again.

Sincerely,



Suzanne Besse  
2122 Park Place  
Boca Raton, FL 33486  
561-394-2636