

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 21 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P 980000 76994

1. Corporation Name

The Farm House Inn, Inc.

2. Principal Office Address

903 N.E. 1<sup>st</sup> Street

3. Mailing Office Address

Suite, Apt. #, etc.

← Same

City & State

Pompano Beach, FL.

City & State

Zip

33060

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-4-1998

5. FEI Number

650862962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ronald Turner

400019582854

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

903 N.E. 1<sup>st</sup> Street

Suite, Apt. #, Etc.

City

Pompano Beach

State  
FL

Zip Code

33060-6335

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

*Ronald Turner*  
REGISTERED AGENT MUST SIGN

Date May 19, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director     | City / State / Zip               |
|--------|--------------------------------------|---|----------------------------------|
| PTD    | Ronald Turner                        | 903 N.E. 1 <sup>st</sup> Street<br>Pompano Beach, FL. | 33060-6335                       |
| SVD    | Thomas Collins                       | 903 NE 1 <sup>st</sup> Street                         | Pompano Beach, FL.<br>33060-6335 |
|        |                                      |   |                                  |
|        |                                      |   |                                  |

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:

*Ronald Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19, 2003

Date

Daytime Phone #

Phone - (954) 781-6860  
5/27