

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009154844

11/21/02--01102--005 **150.00



DOCUMENT # P99000083365

1. Corporation Name

WYLDEHAVEN FARM, INC.

Principal Place of Business

29390 WILDLIFE LANE
BROOKSVILLE FL 34602

Mailing Address

29390 WILDLIFE LANE
BROOKSVILLE FL 34602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1999

5. FEI Number

59-3598715

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	4 City / State / Zip
PSTD	GOLINELLO, LEE	1521 ROBERT STREET	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE
SUITE 203
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/02

Date

(352) 799-3572

Daytime Phone #

November, 16, 2002

Division of Corporations

I did not receive the uniform business report for the 2002 year hence I did not reapply and am requesting a waiver. I am enclosing the \$150.00 reinstatement fee for profit corporation and application.

Thank you,

Lisa Golinello