1 of 2

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 29 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66332

**1.** Corporation Name
Fiddle Leaf Farm, Inc.

REINSTATEMENT 01-03

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 17401 S. E. County Hwy 475 | (same) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Summerfield, Florida | City & State |
| Zip: 32691 Country: | Zip: Country: |

**4.** Date Incorporated or Qualified To Do Business in Florida: 9/21/92

**5.** FEI Number: 59-3159256 ☐ 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: Alexander J. Ombres

Street Address (P.O. Box Number is Not Acceptable): 801 N. Magnolia Avenue

Suite, Apt. #, Etc.: Suite 201

City: Orlando State: FL Zip Code: 32803

**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: _____ Date: 4/29/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| DPST | Catherine F. Siemer | 17401 S. E. County Hwy 475 | Summerfield, FL 32691 |
| DV | Michael A. Siemer | 17401 S. E. County Hwy 475 | Summerfield, FL 32691 |
| | | | |
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**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: _____ 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



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# Florida Department of State
## Division of Corporations
Public Access System

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(((H03000162646 1)))

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To:
Division of Corporations
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From:
Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407)841-1550
Fax Number : (407)841-8746

# CORPORATION REINSTATEMENT

## FIDDLE LEAF FARM, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 2 |
| Estimated Charge | $1,058.75 |