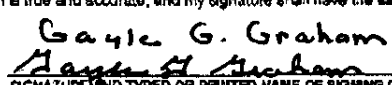


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 JAN -2 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K 68829					
1. Corporation Name Graham Farms Melon Sales, Inc.					
2. Principal Office Address 3015 U.S. 27 N. Suite, Apt. #, etc.			3. Mailing Office Address 8 Lake Stearns Drive Suite, Apt. #, etc.		
City & State Avon Park, FL.			City & State Lake Placid, FL.		
Zip 33825	County Highlands	Zip 33852	County Highlands	4. Date Incorporated or Qualified To Do Business in Florida 02/28/99	
5. FEI Number 65-0107753				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Annual Fee (required for 2 month date of status)	
7. Name and Address of Current Registered Agent					
Name McCollum, James F.					
Street Address (P.O. Box Number is Not Acceptable) 129 S. Commerce Avenue					
Suite, Apt. #, Etc.					
City Sebring, FL.				State FL	Zip Code 33870-3698
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent  REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P, T	Graham, Raymond L.	8 Lake Stearns Drive	Lake Placid, FL 33852		
V, S	Graham, Gayle G.	8 Lake Stearns Drive	Lake Placid, FL 33852		
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 118.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 12/30/03				Daytime Phone # 863 465-3639	

CRO2001 (10/02)