PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 28 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200148

DOCUMENT # P00000115585

1. Corporation Name

HAPPY HILL FARM, INC.

Principal Place of Business	Mailing Address
650 COUNTRY PARK RD POTTSTOWN PA 19465	650 COUNTRY PARK RD POTTSTOWN PA 19465

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

9/10/01 90048 030 $550

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 1604 Olde Hampton Dr.	Suite, Apt. #, etc.
City & State: Wellington, Fl	City & State
Zip: 33414 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/2000

5. FEI Number: 65-1064224 ☐ 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
Pres. Sec. Treas.	Peter W. Wetherill	830 S. County	Palm Beach, Fl 33480
VP	James F Simpler, Jr	830 S. County	Palm Beach, Fl 33480

8. Name and Address of Current Registered Agent

WETHERILL, PETER W
830 S COUNTRY RD
PALM BCH FL 33480

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 (8/01)

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: Peter W. Wetherill - Peter W. Wetherill 610-469-6893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #