2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED **DOCUMENT # P04000136687** 1. Entity Name 06 OCT 13 PN 3: 44 A & A HARVESTING INC. TECKETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1466 HERTIAGE ROAD PO BOX 595 FELDA, FL 33930 US FELDA, FL 33930 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10122006 REIN-P CR2E098 (11/05) City & State 4. FEL Number Applied For City & State 20-1689751 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTO, ADAM Street Address (P.O. Box Number is Not Acceptable) 1466 HERITAGE RD. FELDA, FL 33930 Zip Code City FŁ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Delete TITLE TITLE SOTO, ADAM NAME 400080819254 STREET ADDRESS 1466 HERITAGE RD. STREET ADDRESS 10/13/06--01011--025 **750.00 FELDA, FL 33930 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE HEINSTATEMEN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR