2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 APR -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

DOCUMENT # P07000115603

1. Entity Name
M&S FARM AND MAINTENANCE COMPANY, INC.

Principal Place of Business	Mailing Address
391 SW MONTEGO AVE. LAKE CITY, FL 32024	391 SW MONTEGO AVE. LAKE CITY, FL 32024

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, SANDY 391 SW MONTEGO AVE. LAKE CITY, FL 32024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Sandy Wolfe, Sandy Wolfe, Registered Agent 3-16-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFE, MICHAEL 391 SW MONTEGO AVE. LAKE CITY, FL 32024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400148288714 04/01/09--01002--016 **969.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, SANDY 391 SW MONTEGO AVE. LAKE CITY, FL 32024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature], Michael Wolfe, President 3-16-09 386-623-3692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #