2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000015833

Entity Name: PRAIRIE VIEW FARM, INC.

FILED Dec 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 305 ELEUTHERA CT 397 LOLLY LANE ST AUGUSTINE, FL 32095 JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 305 ELEUTHERA CT 397 LOLLY LANE ST AUGUSTINE, FL 32095 JACKSONVILLE, FL 32259 FEI Number: 59-3495427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENBLUM, RICHARD M 4168 PRIMA VISTA CIRCLE N. JACKSONVILLE, FL 32217 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SAWYER, MARK D SAWYER, MARK D Name: Name: 8549 ACREE ROAD 2919 POST STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32205 Title: Title: () Delete () Change () Addition Name: ROSENBLUM, RICHARD M Name: 4168 PRIMA VISTA CIRCLE N. Address: Address: JACKSONVILLE, FL 32217 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ROSENBLUM, S R JR Name: Name: 117 DEER LAKE DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: (X) Change () Addition FONTAINE, C L FONTAINE, C L Name: Name: Address: 305 ELEUTHERA CT Address: 397 LOLLY LANE City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32095 JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. LAMAR FONTAINE D 12/22/2004