PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 11 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 519403

1. Corporation Name
RIVER ERROR FARMS, INC.

Principal Place of Business
P.O. BOX 2146
PANAMA CITY, FL 32402-2146

Mailing Address

REINSTATEMENT 96-97 00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O. BOX 2146
City & State	Suite, Apt. #, etc. PANAMA CITY, FL
Zip / Country	City & State 32402-2146
	Zip / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-1-76

5. FEI Number: 59-2060037 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HARDEE, ALEXANDER F.	709 BELLEVILLE AVE.	BRENTON, AL 36427
T/D	HARDEE, LAURANCE A.	1269 CAPRI DR.	PANAMA CITY, FL 32405
S/D	HARDEE, CARY A	215 SE PINCKNEY ST.	MADISON, FL 32340
V/D	HARDEE, JAMES E. JR	330 CLEARSPRINGS CT.	MARIETTA, GA.
			800002238128--1
			~~07/15/97--01036--005~~
			****915.00 ****915.00

8. Name and Address of Current Registered Agent

HARDEE, CARY A.
215 S.E. PINCKNEY ST.
MADISON, FL 32340

9. Name and Address of New Registered Agent

Name: LAURANCE A. HARDEE
Street Address (P.O. Box Number is Not Acceptable): 1269 CAPRI DR
Suite, Apt. #, Etc.: P.O. BOX 1042
City: PANAMA CITY State: FL Zip Code: 32402

CR2E040 (12/96)

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] Date: 7-8-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: [signature], TREAS./DIRECTOR 7-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURANCE A. HARDEE