PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -2 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 120800

1. Corporation Name

WALNUT HILL FARMS, INC.

Principal Place of Business	Mailing Address
35 N. WYNDEN DR. HOUSTON TX 77056	35 N. WYNDEN DR. HOUSTON TX 77056

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/12/1929

5. FEI Number: 74-6040180 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A fee must be received 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OWEN, JANE B.	35 N. WYNDEN DR.	HOUSTON TX
D	HUDSON, JR. E.J.	35 N. WYNDEN DR.	HOUSTON TX
ST	HUGHES, CYNTHIA	35 N. WYNDEN DR.	HOUSTON TX
D	FURSTENBERG, CECIL	35 N. WYNDEN DR.	HOUSTON TX
D	VON BOTHMER, JOYCE	35 N. WYNDEN DR.	HOUSTON TX

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8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: NO CHANGE 300003069538--3
Street Address (P.O. Box Number Is Not Acceptable): 12/14/99--01074--015 ****750.00 ****750.00
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (6/99)

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: Victor Alfano REGISTERED AGENT MUST SIGN
VICTOR ALFANO
ASSISTANT SECRETARY
Date: 11/22/99

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: Cynthia Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Hughes, Secretary/Treasurer

10/21/99
Date

713-621-2994
Daytime Phone #

000582 AF