


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC 14 PM 2:47

DOCUMENT # P00000006995

1. Corporation Name  
 FORTY ACRES AND A MULE, INC.

2. Principal Office Address  
 3681 NE 7th STREET

3. Mailing Office Address  
 3681 NE 7th STREET

City & State  
 Ocala, FL

City & State  
 Ocala, FL

Zip  
 34470

Country  
 USA

Zip  
 34470

Country  
 USA

4. Date Incorporated or Qualified To Do Business in Florida  
 2001

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 Deborah Lynn Usher

Street Address (P.O. Box Number is Not Acceptable)  
 2050 SE 73rd LOOP

Suite, Apt. #, Etc.

City  
 Ocala

State  
 FL

Zip Code  
 34480

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 -12/27/01--01047--006  
 \*\*\*758.75 \*\*\*758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
 Deborah Lynn Usher

Date  
 12-13-2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Deborah Lynn Usher	2050 SE 73rd LOOP	Ocala / FL / 34480
V	John N. Usher	2050 SE 73rd LOOP	Ocala / FL / 34480

12/13/21

10. 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: Deborah Lynn Usher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
 12-13-2001

Daytime Phone #  
 352-624-4343 EXT. 3

CR2001 (8/00)