


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 239710					
<b>1. Corporation Name</b> IORI FARMS, INC.					
<b>2. Principal Office Address</b> 20410 SW 360 St. Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> PO Box 343005 Suite, Apt. #, etc.		
<b>City &amp; State</b> Florida City, FL Zip 33034 Country USA			<b>City &amp; State</b> Florida City, FL Zip 33034 Country USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/24/1960					
<b>5. FEI Number</b> 59-0955803					
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>					
<b>7. Name and Address of Current Registered Agent</b>					
Name Peter A. Iori					
Street Address (P.O. Box Number is Not Acceptable) 20410 SW 360 St.					
Suite, Apt. #, Etc.					
City Florida City					
State FL Zip Code 33034					
<b>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.</b>					
Signature of Registered Agent <i>Peter A. Iori</i> Date Sept 23, 2003					
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	Simona Iori	20410 SW 360 St.	Florida City, FL 33034		
SD	David Iori	20410 SW 360 St.	Florida City, FL 33034		
TD	Peter A. Iori	20410 SW 360 St.	Florida City, FL 33034		
AVD	Elaine M. Iori	20410 SW 360 St.	Florida City, FL 33034		
VD	Denise I. Webb	20410 SW 360 St.	Florida City, FL 33034		
TS					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Simona Iori</i> <b>Simona Iori</b> <i>Sept. 23 03-306 2474848</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED  
03 SEP 24 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500023559695  
10/06/03--01002--042 \*\*617.50

CR2E081 (10/02)