

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA


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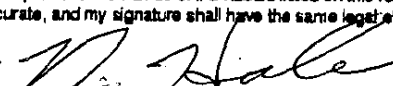
|  |                              |   |                              |
|--|------------------------------|---|------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |                              |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |                              |
| <b>DOCUMENT #</b> 246668<br><b>1. Corporation Name</b><br>INDIANTOWN DAIRY FARM, INC.    |                              |   |                              |
| <b>2. Principal Office Address</b><br>2357 S.W. 22nd Circle, East<br>Suite, Apt. #, etc. |                              | <b>3. Mailing Office Address</b><br>P.O. Drawer 1367 East<br>Suite, Apt. #, etc.  |                              |
| <b>City &amp; State</b><br>Okeechobee, Florida   |                              | <b>City &amp; State</b><br>Okeechobee, Florida  |                              |
| <b>Zip</b><br>34974  | <b>Country</b><br>Okeechobee | <b>Zip</b><br>34973   | <b>Country</b><br>Okeechobee |

|  |                                      |
|--|--------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>04/19/61 |                                      |
| <b>5. FEI Number</b><br>590923395  | <b>Applied For</b><br>Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>               |                                      |

|  |                    |                          |
|--|--------------------|--------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                             |                    |                          |
| <b>Name</b><br>John F. Hales   |                    |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1958 S.W. 28th Avenue |                    |                          |
| <b>Suite, Apt. #, Etc.</b>   |                    |                          |
| <b>City</b><br>Okeechobee  | <b>State</b><br>FL | <b>Zip Code</b><br>34974 |

|   |                      |
|---|----------------------|
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.</b> |                      |
| <b>Signature of Registered Agent</b><br>   | <b>Date</b> 01/14/03 |
| <b>REGISTERED AGENT MUST SIGN</b>   |                      |

| <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   |
| P/S/D  | Norman F. Hales                   | 2357 S.W. 22nd Circle, East                    | Okeechobee, FL 34974 |
|  |                                   |  |                      |
|  |                                   |  |                      |
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|  |                                   |  |                      |
|  |                                   |  |                      |

|  |                 |                       |                        |
|--|-----------------|-----------------------|------------------------|
| <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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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><br>   | <b>01/14/03</b> | <b>(863) 763-2375</b> | <b>Daytime Phone #</b> |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  |                 |                       |                        |

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