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
98 APR -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 252686

1. Corporation Name VINEGAR BEND FARMS, INC.

Principal Place of Business	Mailing Address
1417 NW AVE L BELLE GLADE, FL 33430	P.O. BOX 2018 BELLE GLADE, FL 33430

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1251 ROWAYTON CIRCLE Suite, Apt. #, etc.	P.O. BOX 210844 Suite, Apt. #, etc.
City & State: WELLINGTON FL	City & State: WEST PALM BEACH, FL
Zip: 33414 County: PALM BEACH	Zip: 33421 County: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 1961

5. FEI Number: 59-0974871 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MICHAEL T. WILSON	1251 ROWAYTON CIRCLE	WELLINGTON, FL 33414
			100002481841--0

8. Name and Address of Current Registered Agent

MICHAEL T. WILSON
1417 NW AVENUE L
BELLE GLADE, FL 33430

9. Name and Address of New Registered Agent

Name: MICHAEL T. WILSON
Street Address (P.O. Box Number is Not Acceptable): 1251 ROWAYTON CIRCLE
Suite, Apt. #, Etc.
City: WELLINGTON State: FL Zip Code: 33414

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: Michael T Wilson — Date: 2/10/98
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: Michael T. Wilson — 2/10/98 — 561-714-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael T. Wilson

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 717426 81714A

AUTHORIZATION :

COST LIMIT : $ 900.00 Patricia Pigott

ORDER DATE : February 24, 1998

ORDER TIME : 2:19 PM

ORDER NO. : 717426-005

CUSTOMER NO: 81714A

CUSTOMER: Ms. Ann Gray
Ms. Ann Gray
200 Southeast Avenue I

Belle Glade, FL 33430

DOMESTIC FILINGS

NAME: VINEGAR BEND FARMS, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

98 FEB -7 PM 3:23
DIVISION OF CORPORATION