

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 29 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 415668

1. Corporation Name

L. A. Masters Farms, Inc.

900087360029
02/05/07--01013--014 **\$8.75

2. Principal Office Address - No P.O. Box #
105 Dancy Avenue

3. Mailing Office Address
Post Office Box 578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hastings, Florida

City & State
Hastings, Florida

Zip Country
32145 St. Johns

Zip Country
32145 St. Johns

4. Date Incorporated or Qualified To Do Business in Florida **12/29/1972**

5. FEI Number **59-1456484**

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
Lawrence A. Masters, Jr.

Street Address (P.O. Box Number is Not Acceptable)
105 Dancy Avenue

Suite, Apt. #, Etc.

City
Hastings

State Zip Code
FL 32145

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lawrence A. Masters, Jr.
REGISTERED AGENT MUST SIGN

Date **1/25/07**

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
PSTD	Lawrence A. Masters, Jr.	105 Dancy Avenue	Hastings, Florida 32145

REINSTATEMENT 1/23/07
93-07

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 contained in Chapter 119, 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: *Lawrence A. Masters, Jr.*, Lawrence A. Masters, Jr., President **1/25/07** (904) 692-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #