PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 16 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650715

1. Corporation Name

Kenneth O Dicks Farms, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
922 SW Jim Witt Rd	922 SW Jim Witt Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City, FL
Zip: 32025 Country: USA	Zip: 32025 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1980

5. FEI Number: 59-2040852 ☐ 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: Lisa L Gravel

Street Address (P.O. Box Number is Not Acceptable): 1502 SW Dairy Street

Suite, Apt. #, Etc.:

City: Lake City State: FL Zip Code: 32024

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12/16/14--01015--004 **750.00

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: Lisa L. Gravel — REGISTERED AGENT MUST SIGN — Date 10/22/2014

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
SD	Lisa L Gravel	1502 SW Dairy Street	Lake City, FL 32024
PD	Janet D Lones	922 SW Jim Witt Rd	Lake City, FL 32025
VD	Darlene R Green	5366 W CR 240	Lake Butler, FL 32054
VD	Ralph W Dicks	5699 NW 11th Trail	Lake Butler, FL 32054
TD	Jason L Dicks	922 SW Jim Witt Rd	Lake City, FL 32025
	REINSTATEMENT 2014		S. HAWKES DEC 17 A.M.

10. E-mail Address: mikeglisag@aol.com (To be used for future annual report notification)

EXAMINER

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lisa L. Gravel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/1/14 Date — 386-438-4750 Daytime Phone #