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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

RE-SUBMIT
Please retain original filing
date of submission 2/12

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000[illegible]
Phone : (850)222-1092
Fax Number : (850)878-5[illegible]

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CONRAD FAFARD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$900.00~~

$ 300.00

1 & 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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10 FEB 12 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002832

1. Corporation Name

Conrad Fafard, Inc.

REINSTATEMENT 09-10

WOP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
770 Silver Street	P.O. Box 790
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Agawam, MA	City & State: Agawam, MA
Zip: 01001 Country: USA	Zip: 01001-0790 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 30, 2002

5. FEI Number: 042040741 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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 617.0505, F.S.

Signature of Registered Agent: _____ Date: 2/12/10

REGISTERED AGENT MUST SIGN

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
C	Kroenke Tim	6899 Winchester Circle	Boulder, CO 80301
T	Cunningham M Jack	770 Silver Street	Agawam, MA 01001
DVP	Jason Fogden	Syngenta CROP, 2200 Concord Pike	Wilmington, DE 19803
DP	Keelan Pulliam	Conrad Fafard, Inc. 770 Silver Street	Agawam, MA 01001
VP	Thomas King Jr.	770 Silver Street	Agawam, MA 01001

10. E-mail Address: jack.cunningham@fafard.com

(To be used for future annual report notification)

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., 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.

SIGNATURE: J. M. Cunningham — Jack M. Cunningham — 02-12-2010 — 413-789-4215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/21/2010 CT System Online