FILED

2007 SEP 12 AM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006154

1. Entity Name
TWILITE FARMS, INC.

Principal Place of Business	Mailing Address
420 NEWBY ROAD RICHMOND, KY 40475	420 NEWBY ROAD RICHMOND, KY 40475

08242007 REIN-P CR2E036 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 West Short Street	201 West Short Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lexington, Kentucky	City & State: Lexington, Kentucky
Zip: 40507 Country: U.S.A.	Zip: 40507 Country: U.S.A.

4. FEI Number: 61-1254941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, LYNN B 1390 BRICKELL AVENUE, SUITE 280 MIAMI, FL 33131	Name: Lynn B. Lewis, P.A. Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue, Suite 280 City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lynn B. Lewis, P.A. By: Lynn B. Lewis 9/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated.) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, CARLOS E 420 NEWBY ROAD RICHMOND, KY 40475	☐ Delete	President Carlos E. Perez 201 West Short Street Lexington, Kentucky 40507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PEREZ, ANA MARIA 420 NEWBY ROAD RICHMOND, KY 40475	☒ Delete	000109372900 09/12/07--01042--003 **908.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos E. Perez, President 09/11/07 (859)252-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

9/13 90