FAX AUDIT NO. H00000051283 0

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DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98-00

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88899

1. Corporation Name
ULTIMATE FARM, INC.
now known as Ultimate Farm of Delray, Inc.

REINSTATEMENT

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| c/o Penny Cohen | |
| Suite, Apt. #, etc.: 1031 Melaleuca Drive | Suite, Apt. #, etc. |
| City & State: Delray Beach, FL | City & State |
| Zip: 33483-6647 / County | Zip / County |

4. Date Incorporated or Qualified To Do Business in Florida: 6/24/82

5. FEI Number: 59-2209599 (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: Mary Jane Cohen

Street Address (P.O. Box Number is Not Acceptable): 1031 Melaleuca Drive

Suite, Apt. #, Etc.:

City: Delray Beach | State: FL | Zip Code: 33483

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: Mary Jane Cohen (REGISTERED AGENT MUST SIGN) Date: 9/27/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/ D | Mary Jane Cohen | 1031 Melaleuca Drive | Delray Beach, FL 33483 |
| V/M/D | Penny Cohen | 1031 Melaleuca Drive | Delray Beach, FL 33483 |
| | | | |
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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 motion 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: Mary Jane Cohen, President — 561-272-6238
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Division of Corporations

# Florida Department of State
## Division of Corporations
### Public Access System
Katherine Harris, Secretary of State

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# CORPORATION REINSTATEMENT

## ULTIMATE FARM, INC.

| | |
|---|---|
| Certificate of Status | 1 |
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