ee required

PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							05 MAR 10 PM 5: 13 SECRETARY OF STATE TALLAHASSER TEORIDA				
1. Corpora	tion Name	# 1596000 sociation of State De			ilture, Inc.				LOMDA		
2. Principal Office Address 1156 15th Street NW			3. Mailing Office Address 1156 15th Street NW			RE	NS	ATE	aen	12	- -0.
Suite, Apt. #, etc. Suite 1020 — _			Suite 1020			4. Date Inco	orporated or siness in Fl		10/1006	<u> </u>	
City & State Washington DC			City & State Washington DC			To Do Business in Florida 07/10/1996 5. FEI Number Applied For Not Applicable					
Zip Country 20005-1704 USA		Zip 20005-170	Country USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requires a Certificate of Status					e require	
			7. N	lame and A	ddress of Current Register	ed Agent					
	Name NRAI Services, Inc.										
	Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive										
Suite, Apt. #, Etc. Suite 4											
	City Westor	1					State FL	Zip Code 33331 -			
8. I, being	appointed th	e registered agent of the abo	ve named corpo	oration, am f	amitiar with and accept the o	bligations of sec	ction 607.05	05 or 617.0503,	F.S.		
Signature of Registered		KU Blodtm	CUN GISTERED AG	, QSS	- Secretary	 	Date	3.5.0	Y		
9. Names	and Street A	ddresses of Each Officer and	Vor Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
	See att	ached addendum									

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 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:

Stephen R. Cox, COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000048847480 03/22/05--01026--013 **358.75

NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE

Purpose of Corporation

Article VII, pages 6 & 7: & Article XX, pages 20 & 21:

The purpose of this corporation is to better American Agriculture through the development and promotion of sound public policy.

Officers and Directors:

Title:

President

Name:

Nathan Rudgers

Business Address:

New York State Department of Agriculture and Markets

1 Winners Circle Capitol Plaza

Albany, New York 12235

Title:

President Elect

Name:

J. Carlton Courter III

Business Address:

1100 Bank Street, Suite 210

Richmond, VA 23219

Title:

Vice President

VACANT

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Secretary/Treasurer

Title: Name:

Patty Judge

Business Address:

Iowa Department of Agriculture

Wallace Building Des Moines, IA 50319

Title:

Past President

Name:

Gene Hugoson

Business Address:

Department of Agriculture

90 West Plato Blvd. St. Paul, MN 55107

Title:

At Large

Name:

Patrick Takasugi

Business Address:

Idaho Department of Agriculture

2270 Old Penitentiary Road

Boise, ID 83712

Title:

Executive Vice President and CEO

Name:

Richard W. Kirchhoff

Business Address:

1156 15th Street, NW Suite 1020

Washington, DC 20005-1704

Title:

Chief Operating Officer & Assistant Secretary-Treasurer

Name:

Stephen R. Cox

Business Address:

1156 15th Street NW #1020

Washington, DC 20005