

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN '08 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G44947

1. Corporation Name

PONY EXPRESS FARMS, INC.

2. Principal Office Address

11348 Long Meadow Drive

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

12765 Forest Hill Boulevard

Suite, Apt. #, etc.

Suite 1302

City & State

Wellington, Florida

Zip

33414

Country

USA

REINSTATEMENT

W-03

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1983

5. FEI Number

59-2304774

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

Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12765 Forest Hill Boulevard

Suite, Apt. #, Etc.

Suite 1302

City

Wellington

State

FL

Zip Code

33414

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

[Signature]
REGISTERED AGENT MUST SIGN

President

Date June 11, 2003

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
P,S,T,D	Robert L. Daniels	11348 Long Meadow Drive	Wellington, FL 33414
VP	Anja Eckbo-Daniels	11348 Long Meadow Drive	Wellington, FL 33414

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06/18/03--01022--005 **1203.75

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06/18/03--01022--006 **5.00

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:

[Signature]

Robert L. Daniels, President

X 6/13/03 X 617-803-2203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/19