...LEASE READ A. INSTRUCTIONS BEFORE COMP...TING THIS FORM.

...RATION
...TATEMENT

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

FILED
00 NOV 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...OCUMENT # H53985

1. Corporation Name

D & D Tree Farm & Nursery, Inc

2. Principal Office Address	**3.** Mailing Office Address
12165 Payne Rd.	PO Box 22172
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Lake Buena Vista, FL
Zip: 33872 Country: Highlands	Zip: 32830 Country: ORANGE

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/85

5. FEI Number: 59-2524053 ☐ 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: Joannah Williams

000003493100--6
-12/11/00--01028--011
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 12165 Payne Rd.

Suite, Apt. #, Etc.:

City: Sebring, FL State: FL Zip Code: 33872-9576

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: Joannah Williams Date: 11/14/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
DP	DARYL Williams	12165 Payne Rd	Sebring, FL 33872
DST	Joannah C. Williams	12165 Payne Rd	Sebring, FL 33872
DVP	DAR and Williams	12165 Payne Rd	Sebring, FL 33872

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: X _____ V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #