PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 MAY 30 AM 11: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #   K39850

1. Corporation Name

MANDERLEY FARMS, INC.

REINSTATEMENT 93-01

2. Principal Office Address	3. Mailing Office Address
1690 Copeland Drive	Same
Suite, Apt. #, etc.	**Suite, Apt. #, etc.**
City & State Marco Island, FL	**City & State**
Zip 34145 **Country** US	**Zip** **Country**

4. Date Incorporated or Qualified To Do Business in Florida 10/19/88

5. FEI Number 65-0079939   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 ~~Timoth~~ JERi y Farris

1800.00-Adm

Street Address (P.O. Box Number Is Not Acceptable)
1690 Copeland Drive

61.25-AC

Suite, Apt. #, Etc.

88.75=ARSup

City Marco Island   **State** FL   **Zip Code** 34145

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 ___Jeri A. Farris___   REGISTERED AGENT MUST SIGN   Date May 22 2001

CR2E081 (9/00)

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
D	Timothy Farris	1690 Copeland Drive	Marco Island, FL 34145
D	Jeri Farris	1690 Copeland Drive	Marco Island, FL 34145
			900004474409---3 -07/13/01--01047--013 ***1950.00 ***1950.00

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: ___Jeri A. Farris___   Jeri A. Farris   5.22-01   941-389-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #