
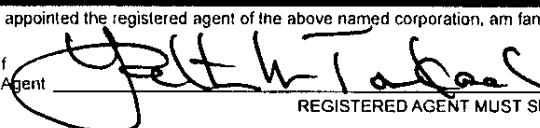
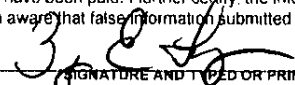


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT 2014-2015</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		15 JUN -9 AM 8:16 ATTACHED FILE	
<b>DOCUMENT # L-71954</b>					
1. Corporation Name <b>Rolling Acres Farm, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>8303 NW 143rd Street</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>8303 NW 143rd Street</b> Suite, Apt. #, etc.		
City & State <b>Alachua, FL</b> Zip Country <b>32615 USA</b>			City & State <b>Alachua, FL</b> Zip Country <b>32615 USA</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>05-03-1990</b>			5. FEI Number <b>59-3007582</b> 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 <b>Walter M. Tovkach</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>7311 NW 23rd Avenue</b>					
Suite, Apt. #, Etc.					
City <b>Gainesville</b>				State <b>FL</b>	Zip Code <b>32606</b>
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  REGISTERED AGENT MUST SIGN					
Date <b>4-25-15</b>					
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	
PD	Benjamin E. Tindley	8303 NW 143rd Street		Alachua, FL 32615	
DST	Catherine H. Tindley	8303 NW 143rd Street		Alachua, FL 32615	
10. E-mail Address: (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/25/15 352-871-1006 Daytime Phone #					

K. ASHTON