PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-03

1. Corporation Name
AGAINST DA GRAIN, INC

2. Principal Office Address	3. Mailing Office Address
9331 S.W. 7th St. Pembroke Pines FL	9331 S.W. 7th S.T.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State: Pembroke Pines FL
Zip: 33025 Country: U.S.	Zip: 33025 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: ___ 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: Cainon Lamb
Street Address (P.O. Box Number is Not Acceptable): 9331 SW, 7th St.
Suite, Apt. #, Etc.:
City: Pembroke Pines State: FL Zip Code: 33025

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: Cainon Lamb — REGISTERED AGENT MUST SIGN
Date: 02-14-03

CR2E081 (10/02)

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
Direct	Cainon Lamb	9331 S.W. 7th St.	Pembroke Pines FL
Direct	Sandra Bennett	3420 NW 179 St.	Miami FL, 33056
Direct	Cecil Lamb	9331 S.W. 7th St.	Pembroke Pines FL

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: Cainon Lamb — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 02-14-03 Daytime Phone #: (305)788-6730

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