PLEASE READ	ALL INSTRU	CTIONS BEFORE	COMPLET	ING THIS FORM.	
FOR REINSTATEMENT	Kath Secr	PARTMENT OF STATE nerine Harris etary of State of CORPORATIONS	Ξ	FILED	
DOCUMENT # P0000008233			01 KOV 19 PM 3: 34		
1. Corporation Name FARM CHANNEL, INC.			SECRETARY OF STATE TALL AHASSEE FLORIDA		
Principal Place of Business	Mailing Address		_	MEDMINGER	
1500 SAN REMO AVE. 1500 SAN R SUITE 177 SUITE 177 CORAL GABLES FL 33146 CORAL GAB		LES FL 33146			
If above addresses are incorrect in any way, line through incorrect informa 2. New Principal Office Address, If Applicable 3. New Mailing Off		ion and enter correction below. se Address, If Applicable	If Applicable 4. Date Incorporated or Qualified		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			O1/25/2000 Applied For Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	d/or Director (Florida nor	profit corporations must list at le	east 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
D BARED, PABLO R		1500 SAN REMO AVE. SUITE 177		CORAL GABLES FL 33146	
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			80	000047212883	
				-12/12/0101081022 ****750.80 ****750.88	
		1 (
8. Name and Address of Current	Registered Agent	N	9. Name and A	Address of New Registered Agent	
BARED, PABLO R ESQ.	Name Street Address (Street Address (P.O. Box Number is Not Acceptable)			
1500 SAN REMO AVE.	<u></u>				
SUITE 177 CORAL GABLES FL 33146					
		City	City State Zip Code FL		
10. I, being appointed the registered agent of the about the second seco		am familiar with and accept the o	obligations of Secti	Nov 14 700/	

REGISTERED AGENT MUST SIGN

SIGNATURE:

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 filling 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 name 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 securate, and my signature shall have the same legal effect as if made under oath.

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