



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED 08 JAN 29 AM 8:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P00000028174			
1. Corporation Name JOE WILLIS & SON FARM, INC.			
2. Principal Office Address - No P.O. Box # 4030 SAFFOLD RD Suite, Apt. #, etc.		3. Mailing Office Address 1310 W. BUSCH BLVD. Suite, Apt. #, etc.	
City & State WIMAUMA, FL		City & State TAMPA, FL	
Zip 33598	Country UNITED STATES	Zip 33612	Country UNITED STATES
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida APRIL 1, 2000	
Name WILLIS, JOSIAH W.		5. FEI Number 59-3630688	
Street Address (P.O. Box Number is Not Acceptable) 4030 SAFFOLD RD		<div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>	
Suite, Apt. #, Etc.		<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div>	
<div style="display: flex; justify-content: space-between;"><div>City WIMAUMA</div><div>State FL</div><div>Zip Code 33598</div></div>		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.	
<div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent _____</div><div>Date _____</div></div> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>			
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	WILLIS, JOSIAH W.	4030 SAFFOLD RD	WIMAUMA, FL 33598
D	WILLIS, JOSIAH E.	4030 SAFFOLD RD	WIMAUMA, FL 33598
D	WILLIS, KIMBERLY R.	4030 SAFFOLD RD	WIMAUMA, FL 33598
D	WILLIS, LINDA L	4030 SAFFOLD RD	WIMAUMA, FL 33598
<div style="border: 1px solid black; padding: 5px; display: inline-block;">300116336063 01/29/08--01019--013 **1059.75</div>			
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 contained in Chapter 119, 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.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: left;">SIGNATURE:  JOE W. WILLIS</div><div style="text-align: right;"><div style="display: flex; align-items: center;"><div style="margin-right: 20px;">1/22/2008</div><div>Date _____</div></div><div>Daytime Phone # _____</div></div></div> <p style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			

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