PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 DEC 17 AHII: OO
DOCUMENT# 1. Corporation Name P00000063048 F-LORIDA Eggs & Poultry FARMS THE	.: cox:://www.b.STATE :/ALLAHASSEE, FLORIDA 100113427881 :12/27/0701017011 **50.00 :100113427881 :, 12/27/0701017012 **500.00 :100113427881 *12/27/0701017013 **500.00
2. Principal Office Address - No P.O. Box # 7500 NW 354 \$\frac{7500}{2500}\$ NW 354 \$\frac{7500}{2500}\$ NW 355 \$\frac{7500}{2500}\$ NW 35 \$\frac{7500}	4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applied For Not Applied For STATUS DESIDED \$8.75 Additional Fee required
7. Name and Address of Current Registered Agent Name SADIB SIDDIQ Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City W ¹ DU I State FL 33/32	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.
Signature of Registered Agent Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le. Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	Ch. J Ch. 4 77
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VP. DANISH, Dugan 419 EASH Michig	ion & ORLANDO, FLA3280L
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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. SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date	