PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION — FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 14 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074938

1. Corporation Name
LORRAINE FARM SUPPLY, INC

2. Principal Office Address
9226 N. US HWY 27
Suite, Apt. #, etc.
City & State: OCALA, FL
Zip: 34482 Country: USA

3. Mailing Office Address
9226 N. US HWY 27
Suite, Apt. #, etc.
City & State: OCALA, FL
Zip: 34482 Country: USA

800015764229
04/11/03--01071--019 **750.00

4. Date Incorporated or Qualified To Do Business in Florida: 9/3/02

5. FEI Number: 59-366-2065 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $4.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LARRY COLLINS
Street Address (P.O. Box Number is Not Acceptable): 202 S. MAGNOLIA, SUITE 3
Suite, Apt. #, Etc.
City: OCALA, FL State: FL Zip Code: 34474

8. I being acquainted the registered agent named above, hereby accept to act in this capacity, and agree to comply with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 4/8/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	H. Michael Reilly JR.	584 Websterlen St	Rockland MA. 02370
V.P	H. Michael Reilly Sr.	9226 N.W. Highway 27	Ocala Fla 34482

01-03 4BR TS

10. I certify that I am an officer or director of the corporation 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: H. Michael Reilly Sr. H. Michael Reilly Sr. 4/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(352) 622-2214

Per conversation didn't receive notice in 2001