2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079216

1. Entity Name
VALLEY VIEW FARMS, INC.

Principal Place of Business	Mailing Address
6507 CR 561 CLERMONT, FL 34714	6507 CR 561 CLERMONT, FL 34714

10182007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12638 Haddon Dr.	12638 Haddon Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere, FL 34786	City & State: Windermere, FL 34786
Zip: 34786 Country: USA	Zip: 34786 Country: USA

4. FEI Number: 59-3665250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAINES, KIRK 6507 COUNTY ROAD 561 CLERMONT, FL 34714	Name: Haines, Shalamar R. Street Address (P.O. Box Number is Not Acceptable): 12638 Haddon Drive City: Windermere FL Zip: 34786

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shalamar R. Haines 10/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

REINSTATEMENT 2007

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAINES, KIRK M 6507 CR 561 CLERMONT, FL 34714	☒ Delete	VD Russo, Rose 12638 Haddon Drive Windermere, FL 34786	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAINES, SHALAMAR R 6507 CR 561 CLERMONT, FL 34714	☐ Delete	PD Haines, Shalamar R. 12638 Haddon Drive Windermere, FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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11/02/07--01054--012 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shalamar R Haines 10/30/07 (407) 948 5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #