

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 16 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079216

1. Corporation Name

VALLEY VIEW FARMS INC.

2. Principal Office Address

6507 CR. 561

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

USA

3. Mailing Office Address

6507 C.R. 561

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

600021590486
07/16/03--01049--001 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-2000

5. FEI Number

59-3665250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kirk Haines

Street Address (P.O. Box Number is Not Acceptable)

6507 CR 561

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

Filed
change of
registered
agent.
Copy of
docs
enclosed

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-6-03

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
Mr.	Kirk M Haines	6507 CR 561 CLERMONT FL 34	CLERMONT FL 34711
Ms.	Shalamar (Shelly) R. Herndon	6507 CR 561	CLERMONT FL 34711

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 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:

[Signature] KIRK M HAINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-03

Daytime Phone #

(352) 243 0843

CR20081 (10/02)

Kirk Haines
6507 C.R. 561
Clermont, FL 34711

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Dept. of State:

I am writing regarding the corporate reinstatement of Valley View Farms that was dissolved for not filing an annual report on 9/21/01. I am requesting a waiver for the reinstatement fee due to the fact we never received any correspondence from the State regarding Valley View Farms. This would include information on Uniform Business or annual reports.

Enclosed is a check for \$458.75 to cover the annual report fee and Corporate supplemental fee for the years we missed and a request for a Certificate of Status. I am also sending a "Change of Registered Agent" to your Amendment Dept. at the same time I'm sending this letter. I've included a copy of this so there isn't any confusion when you look at the agent we currently have registered with the State and on this reinstatement form.

We apologize for any delay in finding out about this and look forward to timely filing any and all documents here forward.

Sincerely,



Kirk Haines
Valley View Farms

check #1263