

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -1 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LIVESTOCK FARMS, INC.

1. Corporation Name

P00600103558

300005073633--6
-03/08/02--01065--015

REINSTATEMENT ***750.00

01-02

2. Principal Office Address

6741 Lloyd Road West

Suite, Apt. #, etc.

3. Mailing Office Address

One Independent Drive

Suite, Apt. #, etc.

2301

4. Date Incorporated or Qualified To Do Business in Florida

City & State

Jacksonville, FL 32254

City & State

Jacksonville, FL 32202

5. FEI Number

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32202

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel D. Akel, Esq.

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

One Independent Drive,

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

300005073633--6
-03/08/02--01065--01
****150.00 ****150.00

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

Date

2-12-02

REGISTERED AGENT MUST SIGN

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,P	Timothy Ellis	6741 Lloyd Road W.	Jacksonville, FL 32254
D,S	John David Coxwell	6741 Lloyd Road W.	Jacksonville, FL 32254

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:

John David Coxwell, Secretary-Treasurer

904-786-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #