

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054098**

1. Corporation Name

SCOTT HILSON FARMS, INC.

Principal Place of Business

Mailing Address

16060 SW 283RD STREET
 HOMESTEAD FL 33031

16060 SW 283RD STREET
 HOMESTEAD FL 33031

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1117613

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HILSON, SCOTT	16060 SW 283RD STREET	HOMESTEAD FL 33031

500024014095
 10/22/03--01052--022 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILSON, SCOTT
 16060 SW 283RD STREET
 HOMESTEAD FL 33031

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *William Scott Hilson* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 10-19-03

11. 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: *William Scott Hilson* **SIGNATURE REQUIRED** WILLIAM SCOTT HILSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-19-03 Daytime Phone # (305) 246-0994

CR2E040 (7/03)