PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 28 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033631

1. Corporation Name
NEW SONG FARMS, INC.

6025 Allen St
P.O. Box 127

2. Principal Office Address		**3.** Mailing Office Address	
6025 Allen St		P.O. Box 127	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mount Dora		Tangerine	
Zip	Country	Zip	Country
32757		32777	

4. Date Incorporated or Qualified To Do Business in Florida: March 27th, 2002

5. FEI Number: 04-3638360 ☐ 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: Del Potter

800047931568
03/08/05--01026--025 **1058.75

Street Address (P.O. Box Number is Not Acceptable): 308 E. Fifth Avenue

Suite, Apt. #, Etc.:

City: Mount Dora | State: FL | Zip Code: 32757

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 _____ (REGISTERED AGENT MUST SIGN) Date: 2/21/05

CR2E081 (01/04)

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
Directo	David Byars	6025 Allen St	Mount Dora, FL 32757
Vice-Pr	Yvonne Alt	705 Park Ave	Anniston, AL 36207
Presid	David Byars	6025 Allen St	Mount Dora, FL 32727
Secreta	Lydia Byars	6025 Allen St	Mount Dora, FL 32757

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: _____ K. DAVID BYARS 2-14-05 (352) 735-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #