


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000055250		
1. Entity Name TRI-STATE FARM SERVICES INC		
Principal Place of Business 27146 SOUTH DIXIE HWY NARANJA, FL 33320		Mailing Address P.O. BOX 180505 TALLAHASSEE, FL 32318

FILED

09 MAR 10 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03102009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box # 1089 SE 13th Ter		3. Mailing Address 1089 SE 13th Ter	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead		City & State Homestead	
Zip 33035	Country DADE	Zip 33035	Country DADE

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CERISIER, PHILIP S 30420 S DIXIE HWY HOMESTEAD, FL 33030		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CERISIER, PHILIP S PO BOX 924252 PRINCETON, FL 33092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200145450222 03/10/09--01026--022 **125.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGU, FRANK 74 OLD PELHAM RD. BAINBRIDGE, GA 39815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200145450222 03/10/09--01026--021 **358.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICTOR, RAYMONDE P 882 HWY 27 BAINBRIDGE, GA 39817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP MARCELIN, NIA X O 14 ADRIAN LN. AMITYVILLE, NY 11801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcelin, Maxo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/09 **857 445 1379**
Date Daytime Phone #