2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# P05000145539

Entity Name: FAMILY FARMS INC. OF FORT UNION

Current Principal Place of Business:

4232 COUNTY ROAD 249
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1512
LIVE OAK, FL 32064

New Mailing Address:

9130 FITZWALTER ROAD
JACKSONVILLE, FL 32208

FEI Number: 31-1701917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORBETT, ALDORA
9130 FITZWALTER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALDORA CORBETT

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CORBETT, IBRAHIM S
Address: 9801 GIBSON AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: TREA ( ) Delete
Name: CANTON, ALFRED
Address: 4232 COUNTY ROAD 249
City-St-Zip: LIVE OAK, FL 32060

Title: P ( ) Delete
Name: CORBETT, ALDORA
Address: 4232 COUNTY ROAD 249
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: CORBETT, ALDORA
Address: 9130 FITZWALTER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDORA CORBETT PRES 10/05/2006

Electronic Signature of Signing Officer or Director — Date