

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000137387			
1. Corporation Name <i>G&L Farms Inc.</i>			
2. Principal Office Address - No P.O. Box # 26405 Bloomfield Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 26405 Bloomfield Ave <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Yalaha, Fl. <small>Zip</small> 34797		<small>City & State</small> Yalaha, Fl. <small>Zip</small> 34797	
<small>Country</small> Lake		<small>Country</small> Lake	
7. Name and Address of Current Registered Agent <small>Name</small> Corporate Creations Network Inc <small>Street Address (P.O. Box Number is Not Acceptable)</small> 941 Fourth St. #200 <small>Suite, Apt. #, Etc.</small>			
<small>City</small> Miami Beach		<small>State</small> FL <small>Zip Code</small> 33139	
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.			
<small>Signature of Registered Agent</small>		<small>Date</small>	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
✓	Gary Miller	26405 Bloomfield Ave	Yalaha, Fl. 34797
✓	LeeAnn Miller	26405 Bloomfield Ave	Yalaha, Fl. 34797
<i>REINSTATEMENT 07-08-KS</i>			
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 contained in Chapter 119, 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: <i>LeeAnn Miller LeeAnn Miller 10/29/08 (352)324-1288</i>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>
			<small>Daytime Phone #</small>