PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN -9 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000137387

1. Corporation Name

G & L FARMS INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
26405 BLOOMFIELD AVE	26405 BLOOMFIELD AVE
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: YALAHA, FL	City & State: YALAHA, FL
Zip: 34797 Country:	Zip: 34797 Country:

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/30/2006

5. FEI Number: 205802571 ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road

Suite, Apt. #, Etc.: #221E

City: Palm Beach Gardens State: FL Zip Code: 33410

JAN 10 2014
L. SELLERS

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: Kristine Roy, Special Secretary Date: 01/09/2014

REGISTERED AGENT MUST SIGN

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
D	MILLER, GARY	26405 BLOOMFIELD AVE	YALAHA, FL 34797
D	MILLER, LEE ANN	26405 BLOOMFIELD AVE	YALAHA, FL 34797
		REINSTATEMENT 2011-2014	

10. **E-mail Address:** lamgmm@aol.com
(To be used for future annual report notification)

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, last reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I further am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gary Miller, Director by: Kristine Roy, Attorney-in-Fact 01/09/2014 561-684-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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CORPORATION REINSTATEMENT
G & L FARMS INC.

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