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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And John Dally 13

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: HOMESTEAD AGRITRUST CORPORATION	۸(
DOCUMENT NUMBER: P10000034471	
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALAN LEE HARRIS Name of Contact Person	
HOMESTEAD AGRITRUST CORPORATION Firm/Company	
14401 SW 98th COURT Address	
MIAMI, FL 33176 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ALAN LEE HARRIS At (305) 256 7526 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	:d)
Mailing Address: Street Address:	

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: HOMESTEAD AGRITRUST CORP			
SECOND:	The document number of the corporation (if known) is P10000344.71			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is			
FOURTH:	The Revocation of Dissolution was authorized on 2052013 .			
FIFTH:	Adoption of Revocation of Dissolution (check one)			
	 □ The board of directors revoked the dissolution. □ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. □ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. □ The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval. 			
SIXTH:	A copy of the Articles of Dissolution is attached.			
	Signature Olan Lee Warris (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
,	ALAN LEE HARRIS (Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Jan 07, 2013 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

HOMESTEAD AGRITRUST CORP

SECOND:

The document number of the corporation: P10000034471

THIRD:

The file date of the articles of incorporation: April 21, 2010

FOURTH:

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALAN LEE HARRIS

PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Jan 07, 2013 Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

HOMESTEAD AGRITRUST CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

TYPE OF CLAIM

Mailing address where claims can be sent:

14401 SW 98 COURT MIAMI, FL 33176 US

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALAN LEE HARRIS

Electronic Signature of the Person Filing