

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC 29 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P39838

1. Corporation Name

FARMLAND DAIRIES, INC.

2. Principal Office Address

520 Main Avenue

Suite, Apt. #; etc.

3. Mailing Office Address

520 Main Avenue

Suite, Apt. #; etc.

City & State

Wallington, N.J.

Zip Country

07057 USA

City & State

Wallington, N.J.

Zip Country

07057 USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/92

5. FEI Number

22-0902960

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

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

5210 East Park Avenue

Suite, Apt. #; Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Ed Hand - Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

12/26/00

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
P	ALDO LIVA	520 Main Avenue	Wallington, NJ 07057
T	Alnashir Lakha	520 Main Avenue	Wallington, NJ 07057
S	Gian Paolo Zini	520 Main Avenue	Wallington, NJ 07057

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******750.00 ****750.00**

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 under section 119.07(3)(i), 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:

Alnashir Lakha

ALNASHIR LAKHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 22/00 973-777-2500

Daytime Phone #