PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 11 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94-12648

1. Corporation Name
Bluebird Groves, Inc.

200038509272
03/16/04--01037--027 **908.75

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1243 Hudson Avenue	1243 Hudson Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Helena, CA	City & State: Saint Helena, CA
Zip: 94574 Country: U.S.A.	Zip: 94574 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650474367 ☐ 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: Jane Chapin

Street Address (P.O. Box Number is Not Acceptable): 450 Beach Blvd

Suite, Apt. #, Etc.:

City: Vero Beach State: FL Zip Code: 32963

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: Jane Chapin Date: 3/9/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
DPST	Jane Chapin	1243 Hudson Avenue	Saint Helena, CA 94574

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: Jane Chapin 3/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #