

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -8 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000009374*

1. Corporation Name

L & D FARMS, INC.

2. Principal Office Address

18737 CRESENT RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FLA.

City & State

Zip

33556

Country

HILLS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-31-95

5. FEI Number

59-3296225

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

LARRY G. VAUGHN

100004551511-0

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

18737 CRESENT ROAD

-08/23/01--01004--008

****1500.00 ***1500.00*

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

8. I, being appoint

familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *8-6-01*

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
<i>P.</i>	<i>LARRY G. VAUGHN</i>	<i>18737 CRESENT ROAD</i>	<i>ODESSA, FL. 33556</i>
<i>V</i>	<i>DIANE M. VAUGHN</i>	<i>18737 CRESENT ROAD</i>	<i>ODESSA FL 33556</i>
<i>S/T</i>	<i>JOHN SHODENAKER</i>	<i>18737 CRESENT ROAD</i>	<i>ODESSA FL 33556</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 817.0401, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-6-01

Daytime Phone #

813 920-9554

CR2E081 (9/00)