

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 AUG -2 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017298

1. Corporation Name  
GREENRIDGE FARMS OF THE WEST COAST, INC.

4108 COOPER ROAD  
4108 COOPER ROAD

2. Principal Office Address  
4108 COOPER ROAD

3. Mailing Office Address  
4108 COOPER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANY CITY, FL

City & State

PLANT CITY, FL

Zip  
33565

Country  
USA

Zip  
33565

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/02/95

5. FEI Number  
59-3311342-

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  
PATRICK J. SIKORRA

Street Address (P.O. Box Number is Not Acceptable)  
4108 COOPER ROAD

Suite, Apt. #, Etc.

City  
PLANT CITY

State  
FL Zip Code  
33565

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 

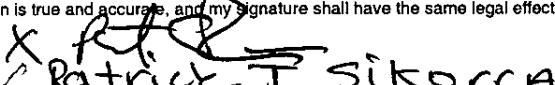
Date JUN 3-04

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
P	PATRICK J. SIKORRA	4108 COOPER ROAD	PLANT CITY, FL 33565

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: Patrick J. Sikorra JUN 3-04 8139860762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
Daytime Phone #