PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MEINERS ALCOHOL DIVISION OF CORPORATIONS DOCUMENT # P96000022614 NI APR 12 PM 3:33 1. Corporation Name SEUMENTET OF STATE TALLAHASSEE, FLORIDA COLEMANS FARM MARKET, INC. Principal Place of Business Mailing Address 36 SEMINOLE PRATT WHITNEY ROAD 13029 MEADOW BREEZE DR LOXAHATCHEE FL 33414 WELLINGTON FL 33414 US 06/29/00 90633005 \$ 150°° If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/13/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 12040 🗜 5. FEI Number BLUE WIKE DRIK Applied For City & State City & State 65-0648538 Not Applicable くられじくていいろ 4CONINA 33414 \$8.75 Additional Fee required for a Certificate of Status Zip Country CERTIFICATE OF STATUS DESIRED [7] 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director City / State / Zip **PSD** COLEMAN, JONATHAN P 13029 MEADOWBREEZE DR WELLINGTON FL 33414 **VTD** COLEMAN, GAIL S 13029 MEADOWBREEZE DR WELLINGTON FL 33414 **600004014316--0** -04/1//01--01108--032 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SOVATHIND CCC-YYA? $\boldsymbol{\varphi}$ COLEMAN, JONATHAN P Street Address (P.O. Box Number is Not Acceptable) 13029 MEADOWBREEZE DR 1.2010 ORIVE BLUE CAKE Suite, Apt. #, Etc. **WELLINGTON FL 33414** City Zip Code WELLINGTON 33414 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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 filling 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. COLEMAN 9 UARTHANDE SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO