PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -4 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043002

1. Corporation Name
Prescott Farms, Inc.

2. Principal Office Address	3. Mailing Office Address
1375 W. Canal Street	1375 W. Canal Street
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Belle Glade, Florida	City & State: Belle Glade, Florida
Zip: 33430 Country: United States	Zip: 33430 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: May 12, 1997

5. FEI Number: 650753945 ☐ 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: William P. Prescott
Street Address (P.O. Box Number is Not Acceptable): 1375 W. Canal Street
Suite, Apt. #, Etc.: N/A
REINSTATEMENT 96-00 T8
City: Belle Glade
State: FL Zip Code: 33430

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: X William P. Prescott
REGISTERED AGENT MUST SIGN
Date: 11/30/00

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
PVST	William P. Prescott	1375 W. Canal Street	Belle Glade, FL 33430
			800003497358--8 -12/12/00--01071--023 ****758.75 ****758.75
			800003497358--8 -12/12/00--01071--024 ****141.25 ****141.25

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: X William P. Prescott 11/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #