PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076106

1. Corporation Name
Corona Acquisition, Inc.

REINSTATEMENT 02-03

2. Principal Office Address		3. Mailing Office Address	
5220 Minola Road		29 British American BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lithonia, Georgia		Latham, New York	
Zip	Country	Zip	Country
30038	USA	12110	USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/03/1997

5. FEI Number: 59-3466079 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Andrea Millyng Andrea Millyng Assistant Secretary Date: 9/24/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	Robert C. Allen	29 British American BLVD	Latham, NY 12110
CFO	Frederick D. Luck	29 British American BLVD	Latham, NY 12110
VP/S	F. Clayton Miller	29 British American BLVD	Latham, NY 12110
D	Gary H. Gottschalk	29 British American BLVD	Latham, NY 12110
D	John L. Vanderhoef	29 British American BLVD	Latham, NY 12110

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: Frederick CFO 9/23/03 (518)399-3616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 9/24

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

OCALA THOROUGHBRED FARMS, INC.

Certificate of Status	0
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