## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		14	FIL.ED  14 MAY 22 PM 1: 06  SECRETARY OF STATE		
DOCUMENT # P9800  1. Corporation Name MCCOY FARMS, INC.	0035662		TĂĹ	LAHASSEE FLORIÐ	Δ	
`.		Office Address  NE 104TH AVE		CR2E081 (11/10)  4. Date Incorporated or Qualified		
City & State City & State  WILLISTON, FL WILL:		ľ		To Do Business in Florida  5. FEI Nümber Applied For		
32696 Country LEVY	WILLISTON, 32696	Country	1.6		Not Applicable  Additional Fee required a Certificate of Status	
Name and Address  Name NORM D FUGATE  Street Address (P.O. Box Number is Not Acceptable 44 NW MAIN STREET  Suite. Apt. #, Etc. SUITE 1  City  WILLISTON	State Zip Code 32696		200254456672 05/22/1401026010 **185.00 200254456672 12/05/1301003011 **2550.00			
8. I, being appointed the registered agent of the a Signature of Registered Agent	bove named corporation, am i	familiar with and accept the	e obligations of sect	on 607.0505 or 617.0503, F.S. Date		
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonpro		<del></del>			
Titles Name of Officers and/or Director	'S	Street Address of Each Officer and/or Director		City / State / Zip		
P JOSEPH K MCCOY	1251	NE 140TH A	VE	WILLISTON, F	L 32696	
MAY 2 3 2014	R	EINSTA	TEM	<b>ENT</b> 2001	2013	
L. SELLERS				<del>1113</del> -		
10. E-mail Address:  11. I certify that I am an officer or director or the recreinstatement application, the reason for dissolution owed by the corporation have been paid. I further if made under oath I am aware that false inform.	eiver or trustee empowered to tion has been eliminated, the c er certify, the information indica	corporate name satisfies the ated on this application is tri	s provided for in cha e requirements of se ue and accurate, an	ection 607.0401 or 617.0401. F.S d my signature shall have the sai	., and that all fees me legal effect as	

SIGNATURE: