2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | KEIIIOIA | | | | _ | | | | | |
|--|---|------------------------------|--|-----------|---|--|--|---------------|-------------------|--|--|
| DOCUMENT # P98000084384 1. Entity Name RIVERWOOD FARMS, INC. | | | | | | | FILED 07 JUL 24 AM 9: 30 | | | | |
| Principal Place | of Business | ì | | | 1 | | | 1 4 7 5 | | | |
| | | | Mailing Address | | | | | | 2 1 A 1 C | | |
| 4669 MAGNO | | | 4669 MAGNOLIA RD. | | | | | Admit. | ELÇMD/ | A | |
| MARIANNA,, F | L 32448 | | Marianna, FL 32448 | | | Į. | • | | | | |
| | | | | | | 1 (PRIIANS (IN | (\$181 JEST) \$500 GEST SSY | | | ES. 15 18 S1 | |
| | | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | i i i i i i i i i i i i i i i i i i i | |
| , | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Sulte, Apt. #, etc. | | | 0717 | NSTATE | V EAG | 98 (1/07) | 16-0 | |
| City & State | | | City & State | | | 4. FEI Numbe | ·· | | I Ann | olied For | |
| City d State | | | | | | 59-3538 | | | | Applicable | |
| | | | Zip Country | | | 30-3330 | 3034 | _ | | | |
| Zip | Zip Country | | Zip Cour | | ıry | 5. Certificate | of Status Desired | | 8.75 Addit | | |
| | | | <u> </u> | | | | | F | ee Required | | |
| | 6. Name | and Address of Current | Registered Agent | L | 7. Name and Address of New Registered Agent | | | | | | |
| | | · | | | | | | | | | |
| MCGOWAI | N DAVID | F | | 1 | | | | | | | |
| 3265 GAR | | | | | Street Address | (P.O. Box Numbe | r is Not Acceptable | :) | | | |
| | | | | | | • | | , | | | |
| COTTOND | ALE, PL | 32431 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | City | | | | Zip Code | | |
| | | | | | , , , | | | FL | 1 2.0000 | | |
| 8 The above | named entit | v submits this statement for | y the purpose of changing its | registen | ed office or regist | ered egent or bot | h in the State of Flo | rida Lam fa | miliar with | and accept | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| and deligations of regional agents. | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE | | | | | | | | | | | |
| | | | | | | | | | | | |
| FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | | | | | |
| FIL FIL | 'E NOMII | 1 FEE IS \$300.00 | | | | | corporation did | not receive | the prior n | otice. | |
| | | | | | | | | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 | |
| TITLE | D | | ☐ Delete | TITL | F | | | | Change | ☐ Addition | |
| | _ | AN, DAVID F | L Desete | NAA | 1 | | | | | | |
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| STREET ADDRESS | | | | | | 077 | /24/07010 | 31019 | 5 **30 | 0.00 l | |
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| STREET ADDRESS | | | | | | | | | | į | |
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| | ST | | | 7171 | | | | | Change | D Addition | |
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| STREET ADDRESS | 3265 GA | RDENVIEW RD | | STA | EET ADDRESS | 1 012 | /) | | | ŀ | |
| CITY-ST-ZIP | COTTON | IDALE, FL 32431 | | Cit | Y-ST-ZIP | y r | | | | ļ | |
| 777.5 | | | ☐ Delete | TITE | | | | <u>.</u> | ☐ Change | I Addition | |
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| 12 I harab | cartifu that " | ha information complied wi | th this filling does not mustify t | or the e | comptions costs: | and in Charter 11 | 9 Florido Ctatua- | Litraribas · | ifu thet the | of name of the second | |
| 12. I nereby | cerury that to Lon this rem | ori or supplemental report | th this filing does not qualify f is true and accurate and that | mv sian | kempuons contair ature shall have ti | neu in Chapter 11: he same legal effo | e, norida Statutes. et as if made under | runner cert | ry that the in | normation | |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | | | | | |
| changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE: DOUBT TIME DAVID F. MEDWAD 18TUY 2007 850-573-1572 | | | | | | | | | | | |
| SIGNA | • • · · · · · · · · · · · · · · · · · · | SIGNATURE AND TYPED OF | PRINTED NAME OF SIGNING OFFICE | R OR DIRE | | | 0=10 | | aytime Phone | <u> </u> | |
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