PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JUL 17 AM 9:28

CR2E081 (11/10)

DOCUMENT # P99000095901

1. Corporation Name
Fountain Farms Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13220 225th Road		13220 225th Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Live Oak, FL		Live Oak, FL	
Zip	Country	Zip	Country
32060	USA	32060	USA

4. Date Incorporated or Qualified To Do Business in Florida: October 28, 1999

5. FEI Number: 593606542 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Active — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James Fountain, Jr.

Street Address (P.O. Box Number is Not Acceptable): 13220 225th Road

Suite, Apt. #, Etc.:

City: Live Oak | State: FL | Zip Code: 32060

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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: James Fountain Jr. — Date: 7-13-15
REGISTERED AGENT MUST SIGN

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
president	James Fountain SR.	13220 225th Road	Live Oak, FL 32060
vice president	James Fountain Jr.	13234 225th Road	Live Oak, FL 32060
	REINSTATEMENT		
	2012-2015		

10. E-mail Address: fountainfarms379@hotmail.com
(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James Fountain Jr. — 7-13-15 — (386) 208 3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 17 2015