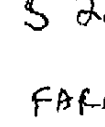


C S C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 23 PM 1:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # S 28707																			
1. Corporation Name CELLULAR FARMS POLO, INC.																			
2. Principal Office Address - No P.O. Box # 13411 Bedford Meadows Suite, Apt. B, etc.		3. Mailing Office Address 210 Eleventh Ave Suite, Apt. B, etc.																	
City & State West Palm Beach, FL		City & State NY, NY																	
Zip 33414	Country Palm Beach	Zip 10001	Country NY																
7. Name and Address of Current Registered Agent Name: The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is not acceptable): 1201 Hays Street Suite, Apt. B, etc.: City: Tallahassee State: FL Zip Code: 32301		4. Date Incorporated or Qualified To Do Business in Florida 1/31/91 5. FEI Number 58-1945605 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee Required for a Certificate of Status ☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																	
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: <i>[Signature]</i> Date: 1/22/08 REGISTERED AGENT MUST SIGN																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Title</th> <th>Name of Officer and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Adam Lindemann</td> <td>210 Eleventh Ave # 903</td> <td>NY, NY 10001</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> B 1/23/08 REINSTATEMENT 05-08				Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	Adam Lindemann	210 Eleventh Ave # 903	NY, NY 10001								
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																
Pres.	Adam Lindemann	210 Eleventh Ave # 903	NY, NY 10001																
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. (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 contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/17/08 No 9800700 Date Certificate Price \$																			

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000018506 3)))



H080000185063ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

CELLULAR FARMS POLO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

JK6
/

Electronic Filing Menu

Corporate Filing Menu

Help