JAN. 23. 2008 9:38AM 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 #	3. Mailing Office Address
13411 Bedford Mews Ct	210 Eleventh Ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: West Palm Beach, FL	City & State: NY, NY
Zip: 33414 County: Palm Beach	Zip: 10001 Country: NY

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business In Florida: 1/31/91

5. FEI Number: 58-194 5605 — 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: The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: [signature] 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Adam Lindemann	210 Eleventh Ave #903	NY, NY 10001
		REINSTATEMENT 05-08	

B 1/23/08

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 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: [signature] 1/17/08 212 980 0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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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

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