

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *S66911*

1. Corporation Name
Family Harvest, Inc.

2. Principal Office Address
P.O. Box 69

3. Mailing Office Address
P.O. Box 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Candler, FL.

City & State

Candler, FL.

Zip
32111

Country
USA

Zip
32111

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida *7-9-1991*

5. FEI Number
59-3081322

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ *38.75* Additional Fee/required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Phillip Chiarenzelli

Street Address (P.O. Box Number is Not Acceptable)
10700 SE 110th St. Rd.

Suite, Apt. #, Etc.

City
Candler

State
FL

Zip Code
32111

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

Phillip Chiarenzelli

REGISTERED AGENT MUST SIGN

Date *11/20/00*

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.	<i>Phillip Chiarenzelli</i>	<i>10700 SE 110th St. Rd.</i>	<i>Candler, FL. 32111</i>
Sec/Tres	<i>Peggy Chiarenzelli</i>	<i>10700 SE 110th St. Rd.</i>	<i>Candler, FL. 32111</i>

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 under section 119.07(3)(i), 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:

Peggy B. Chiarenzelli (Peggy Chiarenzelli)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(SEC - PRES.)

Date *11-20-00* Daytime Phone # *352-680-0955*

CR2E081 (9/99)

Family Harvest, Inc.

P.O. Box 69 ~ Candler, FL 32111 ~ F.E.I. #59.3081322
Phone 352-347-7730 ~ Fax 352-680-1288 ~ Home Phone 352-680-0955 ~ Email PeggyRae1961@aol.com

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November 21, 2000

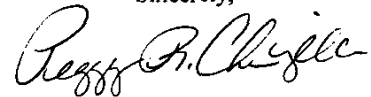
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Per my conversation with "sprather" on 11-15-2000 it was brought to my attention that our corporation, Family Harvest Inc. had been dissolved as of 9/2000. This occurred due to an error when our address was incorrectly documented by your office. Obviously, with the heavy paper work load I incur at the end of the year, I did not notice that I had not received the usual annual filing and renewal papers that I normally get. Due to the incorrect address, I also did not get any of the dissolution notices that you sent.

As I was instructed to do on 11-15-2000 I am forwarding this information to you with a check for the original \$150.00 (plus \$8.75 for a certificate of status). In accordance with our conversation, this should bring our corporate status back to "Active" without delay.

So this action does not create further problems for my business and myself in the future, I am requesting that any and all taxing authorities that were notified of this dissolution be re-notified of our new and current status, preferably with an explanation.

Sincerely,



Peggy R. Chiarenzelli
Secretary/Treasurer
Family Harvest, Inc.