

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
00 OCT 30 AM 11: 20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V01490

1. Corporation Name
P.J. KENNEDY FARMS, INC.

Principal Place of Business Mailing Address
511 S OLIVE AVE 511 S OLIVE AVE
WPB FL 33401 WPB FL 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0303327	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PEERSON, ALLEN	153 BEACH SUMMIT CT	JUPITER FL 33477
VPD	PEERSON, ARYSTINE	218 CASCADE LN	PALM BCH SHORES FL 33404
STD	WILSON, LINDA	200 N.E 4TH AVENUE	OKEECHOBEE FL 34972
			700003463417--3
			-11/15/00--01004--017
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DUNSTON, PAMELA T ESQ 220 SUNRISE AVE., S TE 207 PALM BCH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *Pamela T Dunston* Date 10/27/00
REGISTERED AGENT MUST SIGN

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., 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.

KE

SIGNATURE: *Allen Pearson* 10/27/00 561-832-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Allen Pearson

CR2E040 (8/00)