

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V66332 1. Entity Name FIDDLE LEAF FARM, INC.					
Principal Place of Business 17401 S.E. COUNTY HWY 475 SUMMERFIELD, FL 32691				Mailing Address 605 E. Robinson St Suite 730 Orlando, Florida 32801 USA	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 605 E. Robinson St Suite 730 Orlando, Florida 32801 USA		 REINSTATEMENT 06-07 <small>01/22/07 10:00 AM P. 01/22/098 (1/07)</small>	
Country Zip		Country Zip		4. FEI Number 59-3159256 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AM&E SERVICES LLC 605 EAST ROBINSON STREET SUITE 730 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIEMER, CATHERINE F 17401 S.E. COUNTY HWY 475 SUMMERFIELD, FL 32691	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEMER, MICHAEL A 17401 S.E. COUNTY HWY 475 SUMMERFIELD, FL 32691	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<div style="display: flex; justify-content: space-between;"> <div> 900088462649 02/16/07--01004--005 </div> <div> **300.00 </div> </div>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE: <u><i>Catherine F Siemer</i></u> 2/01/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					