

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 2007UR

02 JAN 28 AM 8:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P0000115585

1. Corporation Name HAPPY HILL FARM, INC.

Principal Place of Business 650 COUNTRY PARK RD POTTSTOWN PA 19465 Mailing Address 650 COUNTRY PARK RD POTTSTOWN PA 19465



9/10/01 90048 030 \$550

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 12/14/2000 5. FEI Number 65-1064224 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Peter W. Wetherill and James F. Simpler, Jr.

8. Name and Address of Current Registered Agent

WETHERILL, PETER W 830 S COUNTRY RD PALM BCH FL 33480

9. Name and Address of New Registered Agent

Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code. Includes handwritten signature.

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 REGISTERED AGENT MUST SIGN Date

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)(l), 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: Peter W. Wetherill - Peter W. Wetherill Date 6/10-469-6893 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2040 (8/01)