

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 12 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/26/02 01036 002-750.00



02 Reinstatement

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000104498

Corporation Name
ESSAYONS RANCH AND ORCHARD, INC.

Principal Place of Business Mailing Address
2220 SW 266 TH STREET 22290 SW 266 TH STREET
HOMESTEAD FL 33031 HOMESTEAD FL 33031

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

1. New Principal Office Address, if Applicable
2. New Mailing Office Address, if Applicable
3. Suite, Apt. #, etc.
4. City & State
5. Country Zip Country

4. Date incorporated or Qualified To Do Business in Florida 11/07/2000
5. FEI Number APPLIED FOR
6. CERTIFICATE OF STATUS DESIRED \$2.75 additional fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: No (s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Mills, Deetta K, Mills, John A, Middlebush, Gordon E, Mills, Jack O.

6. Name and Address of Current Registered Agent
GRAYSON, MOISES T
25 SE 2ND AVENUE SUITE 730
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.
Signature of Registered Agent: [Signature] Date: 12/23/02
REGISTERED AGENT MUST SIGN

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 administered, 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 118.07(3)(f), 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] John A. Mills 14 Dec 02 3059875099
Date Daytime Phone #