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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
APR 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
APR 19 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000010876

1. Corporation Name
Organic Accents

2. Principal Office Address 791 W. Indies Dr		3. Mailing Office Address P.O. Box 431602	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ramrod Key Fla		City & State Big Pine Key Fl.	
Zip 33042	Country USA	Zip 33043	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **1-30-2002**

5. FEI Number **20-0997340** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Timothy Trivett**

Street Address (P.O. Box Number is Not Acceptable)
791 W. Indies Dr.

Suite, Apt. #, Etc.

City **Ramrod Key** State **FL** Zip Code **33042**

500033093955
04/19/04--01068--015 **308.75

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 **[Signature]** Date **4-14-04**

REGISTERED AGENT MUST SIGN

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
D	Timothy Trivett	791 W. Indies	Ramrod Key Fl. 33042

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)(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]** Date **4-14-04** Daytime Phone # **305 872-9185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25081 (01/04)

PS 202

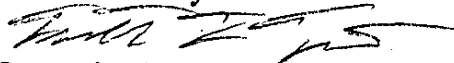
April 14, 2004

To whom it may concern:

Enclosed is a check in the amount of \$308.75
Due to the fact when we incorporated in Jan.2002
the attorney who prepared our incorporation listed the wrong
address for our mailing so which we never received yearly fee
notice. I have also enclosed \$8.75 for certificate of status.

Thank You,

Timothy Trivett



Organic Accents

Document # P000010876

(305)872-9185