

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/11/00--01102--004

\*\*\*300.00 \*\*\*300.00



DOCUMENT # P93000038605  
1. Corporation Name  
PLANTATION EXPORT, INC

2. Principal Office Address  
837 NW 79 TERRACE  
Suite, Apt. #, etc.  
City & State  
PLANTATION FL  
Zip  
33324  
Country  
Broward

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
City & State  
SAME  
Zip  
33324  
Country  
USA

4. Date incorporated or changed To Do Business in Florida  
5/25/93  
5. FET Number  
65-044813  
6. CERTIFICATE OF STATUS DESIRED  Additional Fee required to a Certificate of Status

7. Name and Address of Current Registered Agent  
Name  
DAVID P. HEPLER, SR  
Street Address (P.O. Box Number is Not Acceptable)  
837 NW 79 TERRACE  
Suite, Apt. #, Etc.  
City  
PLANTATION  
State  
FL  
Zip Code  
33324

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  
Date  
3/31/00  
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  |
|---------|-----------------------------------|--|---------------------|
| PRES    | Elsy Hepler                       | 837 NW 79 TERRACE                              | PLANTATION FL 33324 |
| VP/Secy | DAVID P. HEPLER, SR               | 837 NW 79 TERRACE                              | PLANTATION FL 33324 |
| TRG.    | DAVID P. HEPLER, JR               | 740 NW 7 COURT                                 | PLANTATION FL 33317 |
|         |                                   |  |                     |
|         |                                   |  |                     |
|         |                                   |  |                     |

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 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] Date: 3/31/00 Daytime Phone #: 934-876-8454