

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 NOV -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002904

1. Corporation Name

CASCADIAN FARM, INCORPORATED

Principal Place of Business

719 METCALF ST.
SEDRO-WOOLLEY WA 98284

Mailing Address

719 METCALF ST.
SEDRO-WOOLLEY WA 98284

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

06/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1404046

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75. A Additional Fee is applied
for a Certificate of Status.

Zip

Country

Zip

Country

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|----------------------------------|-------------------------------------|--|---|
| CP | KAHN, EUGENE B | 719 METCALF ST. | SEDRO-WOOLLEY WA 98284 |
| D | ROYER, STEPHEN | 4444 LAKESIDE DR | BURBANK CA 91505 |
| | | | 100003047101--4 -11/17/99--01054--002 ****758.75 ****758.75 |
| REINSTATEMENT 99.11.99 TS | | | |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 See Attached

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)(i), 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:

Michael A. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-99

Date

(360)855-0100

Daytime Phone #

CR22946 (8/99)

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

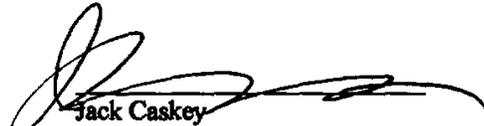
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C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Cascadian Farm Incorporated

C T CORPORATION SYSTEM

Date: October 29, 1999


Jack Caskey
Assistant Vice President