


APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pg 122

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 393368

1. Corporation Name

Our Mother, Inc.

2. Principal Office Address 306 S. Pinewood Ln Suite, Apt. #, etc. City & State Pensacola, FL Zip Country 32507 USA	3. Mailing Office Address P.O. Box 271 Suite, Apt. #, etc. City & State Pensacola, FL Zip Country 32592 USA
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REINSTATEMENT 8-04

4. Date Incorporated or Qualified To Do Business in Florida 12/27/71	5. FEI Number 59-1370347	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name
Frank Patti, Jr.

Street Address (P.O. Box Number is Not Acceptable)
306 S. Pinewood Lane

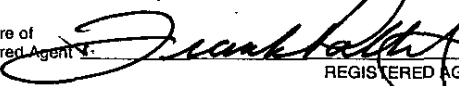
Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32507

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  **REGISTERED AGENT MUST SIGN**


Date 10-27-04

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
P	Frank Patti	306 S. Pinewood Ln.	Pensacola, FL 32507
S	Frank Patti, Jr.	306 S. Pinewood Ln.	Pensacola, FL 32507

600042360836
11/01/04--01062--025 **300.00

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)(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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 10-29-04 Daytime Phone #

CFR2001 (01/04)

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MARY M. CALLAWAY, P.A.

ATTORNEY AT LAW

1600 NORTH PALAFOX STREET
P.O. BOX 36097, PENSACOLA, FLORIDA 32516
TELEPHONE (850) 434-2114
FAX 434-2003

October 28, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: O.M. Trawlers, Inc. Document # H66603
Our Mother, Inc. Document # 393368

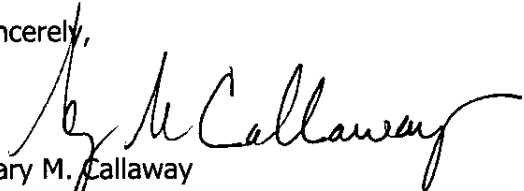
Gentlemen:

Enclosed are Corporation reinstatement forms for the above corporations, along with their checks in the amount of \$300.00 each corporation (\$150.00 for each year 2003 & 2004).

We ask that the reinstatement fee for each corporation be abated as our clients did not receive the annual reports, in order to file timely.

We appreciate your assistance in this matter. If you have any questions, please call our office.

Sincerely,


Mary M. Callaway
MMC/lc

copy: O.M. Trawlers, Inc.
Our Mother, Inc.