

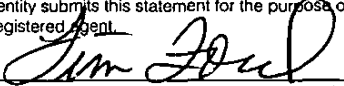
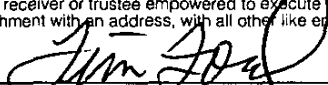


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 421784 1. Entity Name T. & E. FARM, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV -7 AM 9:45			
Principal Place of Business 5411 ST. HELENA ROAD LAKE WALES, FL 33898				Mailing Address P.O. BOX 818 EAGLE LAKE, FL 33839				REINSTATEMENT 05 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5411 Saint Helena Rd Suite, Apt. #, etc.		10052005 REIN-P CR2E098 (6/04)		4. FEI Number 59-1448514 Applied For <input type="checkbox"/> Not Applicable			
City & State Lake Wales FL		City & State Lake Wales FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
Zip 33898	Country USA	Zip 33898	Country USA	6. Name and Address of Current Registered Agent TOMPKINS, H CHRISTOPHER II 1706 S KINGS AVE BRANDON, FL 33509-0888				7. Name and Address of New Registered Agent Name Tim Ford Street Address (P.O. Box Number is Not Acceptable) 5411 Saint Helena Rd City Lake Wales FL Zip Code 33898	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, TOMMY J 5411 ST. HELENA ROAD LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400061447584 11/15/05--01070--012 **158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, TIM 5411 ST. HELENA ROAD LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORD, ELIZABETH 5411 ST. HELENA ROAD LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, H CHRISTOPHER II PO BOX 888 BRANDON, FL 335090888	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/10/05 863-439-3333 <small>Date Daytime Phone #</small>					

T & E F A R M , I N C
5411 Saint Helena Rd
Lake Wales, FL 33898
Office (863) 439-3232 Fax (863) 439-4900

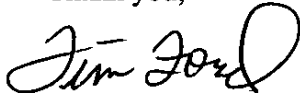
October 10, 2005

To Whom It May Concern:

T & E Farm, Inc changed premises in 2004, at that time the mailing address for the Florida Department of Corporations was not corrected. If any documents were sent to the registered agent, Mr. Christopher Tompkins, they were not received. Mr. Tompkins lost his fight against cancer in May of 2005. In result of the stated event we are now attempting to resolve this matter.

We appreciate your cooperation. If you have any questions or concerns please contact me at my office.

Thank you,

A handwritten signature in black ink, appearing to read "Tim Ford". The signature is stylized with a large, looped "D" at the end.

Tim Ford
President