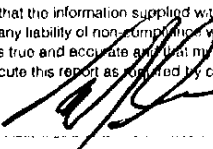


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUN 27 PM 12:33	
DOCUMENT # A96000001298					
1. Name of Limited Partnership Palm Farms LTD					
2. Mailing Address P.O. Box 2798 Suite, Apt. #, etc.		3. Principal Office Address SAME Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida July 9, 1996	
City & State LABELLE, FL		City & State		5. FID Number 65-069-30-97	
Zip 33975		Country U.S.A		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown on Record: 85,500.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date 85,500.00					
9. Name and Address of Current Registered Agent Charles F Carbiener JR. 5245 Big Pine Way, Suite 103 Ft. Meyers, FL 33907			10. If changed, now registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s) TERRELL R. SKIPPER.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 310 N. Industrial Loop.		City, State and Zip Code LABELLE, FL 33935	
				11a. Registration Document Number 500002225315--2 -06/27/97--01107--012 ***1041.25 ***1041.25	
500.00		437.50		103.75	
REINSTATEMENT					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE 		DATE 6/25/97			
Typed or Printed Name of General Partner Signing Form TERRELL SKIPPER		Telephone Number 941-675-4844			

CR2E039 (1/97)