

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAR 14 AM 11:33	
DOCUMENT # F00000004130			
1. Corporation Name The Honeybaked Ham Co. i Capa, Inc Cross Reference = Pro Solve, Inc.			
2. Principal Office Address 6294 Hines Hill Cir Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State TALLAHASSEE, FLA		City & State	
Zip 32312	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7-24-2000		5. FEI Number 582317492	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Dr. K. D. Bowers			
Street Address (P.O. Box Number is Not Acceptable) 618 FAIRWAY DRIVE			
Suite, Apt. #, Etc.			
City Ft. Walton Beach, Fla		State FL	Zip Code 32547
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 K. D. Bowers		Date 3-11-03	
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
P	Paul A. Bowers Sr.	6294 Hines Hill Cir	TALLAHASSEE FL 32312
S	Mary K. Bowers	6294 Hines Hill Cir	TALLAHASSEE FL 32312
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: Paul A. Bowers Sr.		3-11-03 880 873-3760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E001 (10/02)