

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

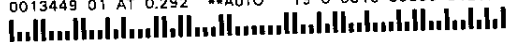
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012008

Name and Mailing Address

0013449 01 AT 0.292 **AUTO T9 0 0615 33530-012828



ALPHA GROWERS, LLC
PO BOX 128
DURANT FL 33530-0128



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/13/2002	
Principal Place of Business 5615 WO GRIFFIN ROAD PLANT CITY FL 33567	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent PETITJEAN, CYNTHIA M ESQ 100 S ASHLEY DRIVE STE. 1770 TAMPA FL 33602		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1700 S. MacDill Avenue STE 200 City TAMPA FL Zip Code 33629			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Cynthia M. Petitjean</i> DATE REQUIRED 11/13/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Joe Simpson	PO Box 128	DURANT, FL 33530
Vice Pres	Wayne Glover	PO Box 128	DURANT, FL 33530
REINSTATEMENT 03			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

SIGNATURE REQUIRED

Date

12/03/03

Daytime Phone #

(813) 662-0671

Typed or printed name of signing Managing Member/Manager