2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L22198 1. Entity Name THE OAKS PLANTATION CATTLE COMPANY					05 AP	ILED R-4 AM 8:	: \3	
Principal Place of Business 9300 NW ARD STREET ORANGE LAKE, FL 32681 US		SUITE 1	9300 NW ARD STREET		SECR	TANTOT OF PLO		- 55
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03092005	REIN-P	CR2E098 (6/04)	
City & State		City & State			4. FEI Numb 59-297		⊢ +	pplied For ot Applicable
Zip	Country	Zip -	Coun	try	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
HART, KARL V 9200 NW 193RD STREET ORANGE LAKE, FL 32681					Street Address (P.O. Box Number is Not Acceptable)			
				City	·····		FL Zip Coo	ie
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$300.00							vith s. 607.193(2)(b) not receive the prior	
10.	OFFICERS A	AND DIRECTORS Delete	11.	. 1	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR Change	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HARY, KARL V 9300 NW 193 ST ORANGE LAKE, FL	Li Derete	NAM STRE				□ Unange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEEHE, PHILIP J 6440 SW 114TH ST MIAMI, FL	□ Delete			2: 04/1	000 51 1 9/0501005	Change 137722 011 **300	Addition
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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: MANUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								

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