


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005851		
1. Entity Name IDLE HOUR FARM, INC.		

Principal Place of Business 2978 PALM DEER DR LOXAHATCHEE, FL 33470	Mailing Address 2978 PALM DEER DR LOXAHATCHEE, FL 33470
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2. Principal Place of Business 15835 Imperial Point Ln. Suite, Apt. #, etc. Wellington, FL City & State	3. Mailing Address 15835 Imperial Point Ln. Suite, Apt. #, etc. Wellington, FL City & State
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Zip 33414	Country USA	Zip 33414	Country USA
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6. Name and Address of Current Registered Agent SPILLANE, J. P. 12788 W FOREST HILL BLVD STE 2005 WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>J. P. Spillane</u> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>10/25/06</u>
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FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIMMONS, ALLENE 2978 PALM DEER DR LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PATTERSON, DON 2978 PALM DEER DR LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15835 Imperial Point Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15835 Imperial Point Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Tamara Seely 4554 Palm Breeze Trail Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Norma Valentine 11730 5th Andrews Place #203 Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Carol Coleman 14224 Stroller Way Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Paul Valliere 13833 Wellington Trace #E4 Wellington, FL 33414

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.	
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SIGNATURE: <u>Alleene Simmons</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>10/25/06</u> Date	DAYTIME PHONE: <u>561-383-7966</u> Daytime Phone #
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 31 AM 11:07

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10/31/06--01037--011 4:41.25



10252006 REIN-NP CR2E099 (11/05)

4. FEI Number 01-0791177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT 06