2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001741

FILED Jul 18, 2006 Secretary of State

Entity Name: PINE ISLAND AGRICULTURE & LANDOWNERS' ASSOCIATION, INC.

| Junenti | Principal Place of Business: | New Principal Place of Business: |
|---|--|--|
| | VARD ROAD 4, FL 33922 | |
| Current N | Mailing Address: | New Mailing Address: |
| | VARD ROAD A, FL 33922 | P. O. BOX 559 BOKEELIA, FL 33922 |
| In accordar | r: 90-0150163 FEI Number Applied For nce with s. 607.193(2)(b), F.S., the corporatio d Address of Current Registered Age | n did not receive the prior notice. |
| 1625 HEN SUITE 30 FORT MY The above | ERS, FL 33901 US | or the purpose of changing its registered office or registered agent, or both, |
| | RE: DERRICK EIHAUSEN | |
| | Electronic Signature of Register | red Agent Date |
| | | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| OFFICER Title: Name: Address: City-St-Zip: | D () Delete CAMMICK, JOHN P.O. BOX 456 MATLACHA, FL 339930456 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: | D () Delete CAMMICK, JOHN P.O. BOX 456 | Title: () Change () Addition Name: Address: |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | D () Delete CAMMICK, JOHN P.O. BOX 456 MATLACHA, FL 339930456 D () Delete GLENNON, BREESE P.O. BOX 559 | Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: | D () Delete CAMMICK, JOHN P.O. BOX 456 MATLACHA, FL 339930456 D () Delete GLENNON, BREESE P.O. BOX 559 BOKEELIA, FL 33922 D () Delete WRIGHT, BILL P.O. BOX 1572 | Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. CAMMICK D 07/18/2006