

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 APR 22 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032008 REIN-NP CR2E099 (1/07)

DOCUMENT # N04000006358	
1. Entity Name ROCK BOTTOM FARMS, INC.	



Principal Place of Business 32030 CHIPOLA TRAIL SORRENTO, FL 32776	Mailing Address HANS LIPTAK 32030 CHIPOLA TR SORRENTO, FL 32776
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2. Principal Place of Business - No P.O. Box # 511 Virginia Drive	3. Mailing Address 511 Virginia Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, Florida	City & State Orlando, Florida
Zip 32803	Country

6. Name and Address of Current Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	

4. FEI Number 77-0638610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE 511 Virginia Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPTAK, HANS		NAME Orlando, FL 32803	
STREET ADDRESS 32030 CHIPOLA TRAIL		STREET ADDRESS	
CITY-ST-ZIP SORRENTO, FL 32776		CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIPTAK, SUZANNE		NAME Lori Allen	
STREET ADDRESS 32030 CHIPOLA TRAIL		STREET ADDRESS 511 Virginia Drive	
CITY-ST-ZIP SORRENTO, FL 32776		CITY-ST-ZIP Orlando, FL 32803	
TITLE TREA	<input checked="" type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOCK, FRITZ T REV.		NAME Thomas Andrew Smith	
STREET ADDRESS HOLOPAW TRAIL		STREET ADDRESS 511 Virginia Drive	
CITY-ST-ZIP SORRENTO, FL 32776		CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> Delete	TITLE Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Sat Kar Ford	
STREET ADDRESS		STREET ADDRESS 511 Virginia Drive	
CITY-ST-ZIP		CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

07-08

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04/22/08--01011--013 **122.50

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.

SIGNATURE: Hans Liptak Date: 4/17/08 Daytime Phone #: 352-227-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR