2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04-14-2005 90113 026 ***122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 PM 3:49

DOCUMENT # N49108

1. Entity Name
TOO FAR, INC.

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
8618 E. ORANGE AVENUE FLORAL CITY, FL 34436 US 26 N. Florida Avenue Inverness, FL 34453	P.O. BOX 980 FLORAL CITY, FL 34436 US PO Box 2709 Inverness, FL 34450

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3124707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, ~~MARK~~ Marco 1215 S OTTO POINT INVERNESS, FL 34450	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

Marco Wilson

SIGNATURE Marco Wilson 4/7/05

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

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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, MARCO 1215 S. OTTO PT. INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COBB, BUCK CR-486A P.O. BOX 923 LAKE PANASOFFKEE, FL 33538	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP V Larry Hartman 8686 Marvin St. Floral City FL 34436	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRADY, PAT PO BOX 2185 INVERNESS, FL 34451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GERLACH, CARL 5673 S PERCH PT FLORAL CITY, FL 34436	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP T Gallagher, Marcia 10618 Gobbler Dr. Floral City, FL 34436	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTMAN, LARRY 8686 MARVIN ST FLORAL CITY, FL 34436	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMIC, BOB PO BOX 702 LAKE PANASOFFKEE, FL 33538	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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.

Marcia Gallagher

SIGNATURE: Marcia Gallagher 4/8/05 352-726-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #