


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 14 PM 2:47																													
DOCUMENT # P000000006995																																	
1. Corporation Name FORTY ACRES AND A MULE, INC.																																	
2. Principal Office Address 3681 NE 7th STREET Suite, Apt. #, etc.		3. Mailing Office Address 3681 NE 7th STREET Suite, Apt. #, etc.		REINSTATEMENT 01																													
City & State OCALA, FL		City & State OCALA, FL		4. Date Incorporated or Qualified To Do Business in Florida 2001																													
Zip 34470 Country USA		Zip 34470 Country USA		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name Deborah Lynn Usher																																	
Street Address (P.O. Box Number is Not Acceptable) 2050 SE 73rd LOOP 400004741374--1																																	
Suite, Apt. #, Etc. ***758.75 ***758.75																																	
City Ocala				State FL Zip Code 34480																													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.																																	
Signature of Registered Agent Deborah Lynn Usher				Date 12-13-2001																													
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Deborah Lynn Usher</td><td>2050 SE 73rd LOOP</td><td>OCALA / FL / 34480</td></tr><tr><td>V</td><td>John N. Usher</td><td>2050 SE 73rd LOOP</td><td>OCALA / FL / 34480</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Deborah Lynn Usher	2050 SE 73rd LOOP	OCALA / FL / 34480	V	John N. Usher	2050 SE 73rd LOOP	OCALA / FL / 34480																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
P	Deborah Lynn Usher	2050 SE 73rd LOOP	OCALA / FL / 34480																														
V	John N. Usher	2050 SE 73rd LOOP	OCALA / FL / 34480																														
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.																																	
SIGNATURE: Deborah Lynn Usher				12-13-2001 352-624-4343																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone # EXT. 3																													