PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris Secretary of State DIVISION OF CORPORATIONS 01 NOV -7 PM 6:33 P00000030555 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name HAPPY CLAM FARMS, INC. Principal Place of Business Mailing Address 965 REEF LANE 965 REEF LANE INDIAN RIVER SHORES FL 32963 INDIAN RIVER SHORES FL 32963 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 03/20/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8:75- Additional-Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers Title(s) City / State / Zip 965 REEF LANE INDIAN RIVER SHORES PRES CASALE 32963 **600004733046**---12/19/01--01056--005 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SAMS CASALE, LARRY --Street Address (P.O. Box Number is Not Acceptable 965 REEF LANE INDIAN'RIVER SHORES FL"32963 Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, ain familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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. Nov 7 2001 LARRY CASACE SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 15, 2001

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Corporation Staff:

This letter is to advise you that I did not receive any previous notice regarding an Annual Uniform Business Report. This may be due to the fact that there is also a 965 Reef Road in town and many times our mail is misdelivered to that address. I have filled out the application for reinstatement as this is the only thing that I have received and included my check for \$150.00. I will be vigilant in the future to be sure it will arrive in your office on time. Thank you for your consideration.

Sincerely,

Larry Casale

Happy Clam Farms, Inc.

965 Reef Lane

Indian River Shores, FL 32963