PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Glenda L. Hood **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS P01000015045 DOCUMENT # 04 JAN -2 AM 10: 04 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BLISS FEED & SUPPLY, INC. Mailing Address Principal Place of Business 36703 CHANCEY ROAD 36703 CHANCEY ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 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 Date Incorporated or Qualified To Do Business in Florida 02/08/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 01-064 City & State City & State Not Applicable -6: \$8.75 Additional Fee required Country Country Zip for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 36703 CHANCEY ROAD ZEPHYRHILLS FL 33541 D EASTHAM, ROBERT H 20002559613; 12718/03--01025--006 200025596132 12/31/03--01024--010 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name EASTHAM, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 36703 CHANCEY ROAD ZEPHYRHILLS FL=33541= Suite, Apt.#, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/03

813 782 1/29

Daytime Phone #

December 15, 2004

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear Sirs,

Please find enclosed my check for \$150.00 for my annual 2003 Business Report. I ask that you please consider waiving your penalty due to the tardiness of my response.

My employee insists that the 2003 Annual Business Report was not received. I have no recourse but to take her word. At any rate, my remission was completely unintentional.

Thank you for your consideration,

Robert H. Eastham

/je