PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | 03 HAR 14 AH 9: 37 SECRETAIN OF STATE TALLAHASSEE, FLORIDA |
|---|--|--|
| DOCUMENT # P01 0000 1/ Corporation Name Cracker F | | |
| 2. Principal Office Address 6140 W. Knights Grif Suite, Apt. #, etc. | 3. Mailing Office Address fin 6140 W. Knights G. Suite, Apt. #, etc. | A Data legarroyated or Qualified |
| City & State | City & State | To Do Business in Florida 05/22/2001 |
| Plant City, FL | Plant City, FL | 5. FEI Number Applied For Not Applicable |
| Zip Country USA | Zip Country USA | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Suite, Apt. #, Etc. Suite 228 City Tampa | | State Zip Code FL 33619 |
| | econthorn EGISTERED ASENT MUST SIGN | · |
| Titles Name of | d/or Director (Florida nonprofit corporations must list at Street Address of Ea | ch City / State / Zip |
| D/P/S-T Russell K. P | 6150 W Kn | ights- |
| | | |
| 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 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 Date Daytime Phone # | | |

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PEAVYHOUSE & OPP, P.A.

ATTORNEYS AT LAW

RUSSELL K. PEAVYHOUSE CLIFFORD R. OPP, JR. SABAL PARK 10002 PRINCESS PALM AVENUE SUITE 228, REGISTRY ONE TAMPA, FLORIDA 33619-1357

> (813) 623-3999 FAX (813) 623-1587

March 3, 2003

Division of Corporation Department of State Post Office Box 6327 Tallahassee, FL 32314

Re:

Corporation Reinstatement

Cracker Farm, Inc. P01-000053495

Dear Sir/Madam:

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Please find enclosed a completed Corporation Reinstatement form for filing in the above-captioned matter. Also enclosed is our firm's check payable in the total amount of \$300 representing the annual reporting fees due for 2002 and for 2003.

The Annual Report form for this corporation was not received, and no notice from the Department was received either at the business address or at the Registered Agent's address.

Thank you for your attention and consideration in this matter. Should you have any further questions or need further information, please do not hesitate to contact me directly at the above address.

Very truly yours,

Russell K. Peavyhouse

RKP/lw

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