

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS
				03 JUN -2 PM 2: 52
DOCUMENT # P01000075696				
1. Corporation Name <i>Gulf Breeze Hams, Inc.</i>				
2. Principal Office Address 109 W. 23rd ST Suite, Apt. #, etc.		3. Mailing Office Address 109 W. 23rd ST Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/07/01
City & State PANAMA CITY FL Zip 32405		City & State Panama City FL Zip 32405		5. FBI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>STATE OF FLORIDA, I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief.</small>				
7. Name and Address of Current Registered Agent  Name <i>Mary Kay Bowers</i> Street Address (P.O. Box Number is Not Acceptable) <i>6294 Hines Hill Ln</i> Dr. Suite, Apt. #, Etc. <i>Tallahassee FL 32312</i> City				
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <i>Mary Kay Bowers</i> Date <i>6/3/03</i> REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title <i>P</i>	Name of Officers and/or Directors <i>PAUL Bowers</i>	Street Address of Each Officer and/or Director <i>109 W. 23rd ST</i>	City / State / Zip <i>Panama City FL 32405</i>	
Title <i>S</i>	Name of Officers and/or Directors <i>Mary K. Bowers</i>	Street Address of Each Officer and/or Director <i>6294 Hines Hill Ln</i>	City / State / Zip <i>Tallahassee FL 32312</i>	
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 807 or 817, 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 807.0401 or 817.0401, 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)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.				
SIGNATURE <i>Mary Kay Bowers</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Mary Kay Bowers</i>		Date <i>6/3/03</i>	Daytime Phone #

Florida Department of State  
Secretary of State  
Division of Corporations

June 2, 2003

Re: Gulf Breeze Hams, Inc.

To Whom It May Concern:

A recent check of the status of the above named corporation has indicated that the corporation is in-active. This is due to non-filing of the annual reports. We are hereby applying for re-instatement.

I respectfully request that you WAIVE the reinstatement penalty due to the fact that the request for annual reports was mailed to the incorrect address. I was never notified of this oversight.

The address shown, 6294 Hines Hill Circle, Tallahassee, Fl, 32312 is incorrect. The correct address should be listed as 109 W. 23<sup>rd</sup> Street, Panama City, Fl 32405.

Enclosed is a check, made payable to the Florida Secretary of State, in the amount of \$308.75, which is the fee for reinstatement for the aforementioned corporation.

Sincerely;

Paul Bowers  
President  
Gulf Breeze Hams, Inc.