		PLEASE READ A	ALL INSTRUC	CTIONS BEF	ORE C	OMPLETI	ING THIS FORM	MACIÓN	9	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 04 May -7 AM II: 48				
DOCUMENT, # PO200057833 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
٢	0116	CREEK F	ARMS,	INC						
			,	·						
2. Principal Office Address 3. Mailing C			3. Mailing Office A	ddress						
998 HICKDRY TREE LAVE SOME										
Suite, Apt. #, etc. Suite, Apt. #,				atc.					ı	
						4. Date Incorp To Do Busi	porated or Qualified iness in Florida	3-2002		
			City & State			"5." FEI Numbe		Applied For		
CRES	LRESTVIEW FL		Sami	Due -		86	1053150	Not Applicable		
zip 325	39	Country	Zip	Country		6. CERTIFICATE		Additional Fee required a Certificate of Status		
		4 5	7. Name a	nd Address of Curre	nt Register	ed Agent			'	
•	Name JOHN PETERSON									
	Street Address (P.O. Box Number is Not Acceptable) 912 South PALM BLVD					200035729872 05/07/0401003002 **300.00				
	Suite, Apt. #, Etc.									
	City NICEVILLE						State Zip Code FL 32578			
8. I, being	appointed the	registered agent of the abo	ve named corporation,	am familiar with and a	ccept the ol	oligations of secti	on 607.0505 or 617.0503, F.S.		CR2E081 (01/04)	
Signature of							14-30	-04	E091	
Registered	Agent	RE	GISTERED AGENT N	UST SIGN			Daie		CH2	
9 Names	and Street A	ddresses of Each Officer and			uet liet at la	aet 3 directore)			ĺ	
Titles	Name of Officers and/or Directors		20. Sheets (Horiza	Street Address of Each Officer and/or Director			City / State / Zip			
Ú	roso	LARRY T) 9	AB MICHA	ey Te	ee In	CRESTVIEW	, FL 32539		
- D:	-Lok!	CARDE A				a againment .		- n	سنت: ا	
D	Cook	L Zamali	JR 99	8A HICK	100 Jes	E M	CREZIAIEN	FL 32539		
D .	CROOK	THEKESA J		n			15			
· ·		1		ren las		<u> </u>	2-M			
		·		HEIR	MIG	E Ball Des	5 6 F		Ī	

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

4-30-04 850.678-44/1

PAW112

TAXPRO TAXPRO

912 South Palm Boulevard, Suite E • Niceville, FL 32578 • (850) 729-1129

04/30/04

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir:

Enclosed is the UBR for Long Creek Farms, Inc. for 2004. We have enclosed payment for both 2003 and 2004. No UBR forms have ever been received by the corporation, and they were not aware of the filing requirement. I am preparing their annual tax return, and discovered the problem quite by accident. They are a new business, and were not aware of the requirement to file a UBR annually, and without receiving a notice, they were unable to comply.

Please reinstate the corporation, and waive the penalty, since they never received any notices. Please refer any questions to me at 850-729-1129, fax 850-729-3184.

Sincerely,

John Peterson