


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030960		
1. Entity Name COUNTRY ORGANIC FARM, INC.		

FILED
04 DEC 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1601 NORA TYSON ROAD ST. CLOUD, FL 34771 US	Mailing Address 1601 NORA TYSON ROAD ST. CLOUD, FL 34771 US
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2. Principal Place of Business		3. Mailing Address 14917 Wild Wood Lily Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip 32824	Country US

12152004 REIN-P CR2E098 (6/04)

4. FEI Number 45-0506343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CHAU, AGNES 1801 E. COLONIAL DRIVE 168 ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name CHUNG, CHENG Street Address (P.O. Box Number is Not Acceptable) 14917 Wild Wood Lily Ct. City Orlando FL Zip Code 32824	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Chung Cheng*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUNG, CHENG 1601 NORA TYSON ROAD ST. CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14917 Wild Wood Lily Court. Orlando, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043537654 12/20/04--01069--017 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Chung Cheng*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #