2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000103681

Entity Name: FARM TECH OF FLORIDA, INC.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

19220 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931

Current Mailing Address: New Mailing Address:

19220 SAN CARLOS BLVD P. O. BOX 30 FORT MYERS BEACH, FL 33931 GLENELG, MD 21737

FEI Number: 20-0245616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAVINA, PETER J 1833 HENDRY STREET FORT MYERS, FL 33901 US

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.

SIGNATURE: PETER J. GRAVINA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: WARFIELD, KENNARD JR Name: WARFIELD, KENNARD JR

Address: 14451 TRIADELPHIA ROAD Address: 14451 TRIADELPHIA ROAD P.O. BOX 30

City-St-Zip: GLENELG, MD 21737 City-St-Zip: GLENELG, MD 21737

Title: VSD () Delete Title: () Change () Addition
Name: WARFIELD MARY FLLEN Name:

 Name:
 WARFIELD, MARY ELLEN
 Name:

 Address:
 14451 TRIADELPHIA ROAD
 Address:

 City-St-Zip:
 GLENELG, MD 21737
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNARD WARFIELD, JR. PTD 01/13/2005