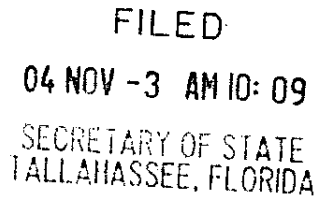


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000131459 1. Entity Name MJM TREE FARM, INC.					
Principal Place of Business 173 RED FERN RD HAVANA, FL 32333-4407		Mailing Address P.O. BOX 180477 TALLAHASSEE, FL 32318			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 44-2119991 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODRUFF, R. KENNETH 801 S BROAD ST BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent Name MARSHALL E. CRUM Street Address (P.O. Box Number is Not Acceptable) 173 Red Fern Road City HAVANA FL Zip Code 32333		
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 <u><i>Marshall E. Crum</i></u> MARSHALL E. CRUM <u>10/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUM, MARSHALL E P.O. BOX 180477 TALLAHASSEE, FL 32318 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042435784 11/03/04--01031--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUM, MARIE H P.O. BOX 180477 TALLAHASSEE, FL 32318 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CRUM, MAX H. Route 1 Box 350-A Cuthbert, GA 39840	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVORE, JERALD C 3704 WINGED FOOT CIR GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1873 Westworth Lane Green Cove Springs, FL 32043	
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 <u><i>Marshall E. Crum</i></u> MARSHALL E. CRUM <u>10/25/04</u> <u>850-510-8560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					