


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # P04000131030 1. Entity Name LONG AGRICULTURE, INC. |  |
|---|---|

FILED
 06 MAY 16 PM 5:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 224 LATONIA AVENUE KISSIMMEE, FL 34744 | Mailing Address 224 LATONIA AVENUE KISSIMMEE, FL 34744 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address <i>1618 Oregon St.</i> Suite, Apt. #, etc. |
|---|---|

04272006 REIN-P CR2E098 (11/05) **05-06**

| | | | |
|-------------------------------------|-------------------------------------|---|--|
| City & State <i>St. Cloud FL</i> | City & State <i>St. Cloud FL</i> | 4. FEI Number <i>51-0528299</i> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>34771</i> | Country <i>USA</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SIBLEY, SALLY 209 FARRINGTON LANE KISSIMMEE, FL 34744 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|--|

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

FILE NOW!!! FEE IS \$900.00 **300075218493**
05/29/06--01009--005 **150.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LONG, SHAWN 224 LATONIA AVENUE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1618 OREGON ST ST. CLOUD - FL 34771</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP LUNA, KEREI 1618 OREGON ST ST. CLOUD FL 34771</i> |
| 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 <i>07-15-05 90018 010 \$550.00</i> |
| 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 <i>[Signature]</i> |
| 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 exemptions contained in Chapter 119, 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: _____ *4/26/06* **407 9635138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #