

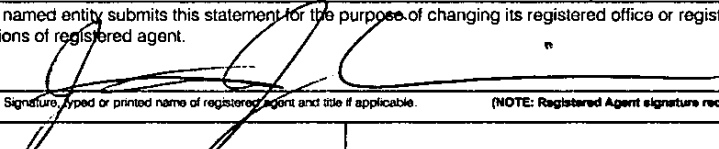
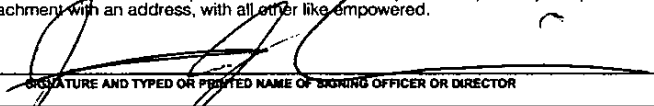


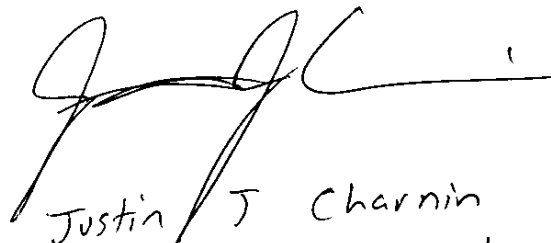
2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000151741					
1. Entity Name FARM MASTERS PRODUCTS INC.					
Principal Place of Business 4432 N. UNIVERSITY DR. LAUDERHILL, FL 33351			Mailing Address 4432 N. UNIVERSITY DR. LAUDERHILL, FL 33351		
2. Principal Place of Business 5231 NW 53 rd Ave Suite, Apt. #, etc.		3. Mailing Address 5231 NW 53 rd Ave Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">06 FEB 15 PM 4:33</div> <div style="font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 24px; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 18px;">65-06</div> 	
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 16-1709841	
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARNIN, JUSTIN JEFF 4432 N. UNIVERSITY DR. LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name <u>Charnin, Justin Jeff</u> Street Address (P.O. Box Number is Not Acceptable) <u>5231 NW 53rd Ave</u> City <u>Coconut Creek</u> FL Zip Code <u>33073</u>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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	P CHARNIN, JUSTIN JEFF 4432 N. UNIVERSITY DR. LAUDERHILL, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	charnin, Justin Jeff 5231 NW 53 rd Ave Coconut Creek, FL 33073	<input checked="" 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 <div style="font-size: 18px; font-weight: bold;">100066254291</div> <div style="font-size: 14px;">02/21/06--01015--025 **300.00</div>		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/13/05</u> Daytime Phone # <u>(954) 864-8636</u>		

To Whom it May Concern,

We did not receive the reinstatement form for 2005, due to a move of our office. After receiving this form and payment please reinstate this account as soon as possible.

Thank you,

A handwritten signature in black ink, appearing to read "Justin J Charnin". The signature is stylized with a large, sweeping initial "J" and a horizontal line extending to the right.

Justin J Charnin
Farm Masters Products Inc.