

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P-05000035388</i>			
1. Corporation Name KIM LOVES TO CROP INC			
2. Principal Office Address - No P.O. Box # 335 PURITAN RD		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH FL		City & State	
Zip 33405	Country US	Zip	Country
7. Name and Address of Current Registered Agent			
Name KIM DANIEL			
Street Address (P.O. Box Number is Not Acceptable) 335 PURITAN RD			
Suite, Apt. #, Etc.			
City WEST PALM BEACH		State FL	Zip Code 33405
B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.			
Signature of Registered Agent <i>K. Daniel</i>		Date <i>11/20/07</i>	
REGISTERED AGENT MUST SIGN			
8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIM DANIEL	335 PURITAN RD	WEST PALM BEACH FL 33405
	<i>11/20/07</i>		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>K. Daniel</i>		Date <i>11/20/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
07 NOV 27 PM 5:01FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT *07*

4. Date Incorporated or Qualified To Do Business in Florida	03/08/2005
5. FEI Number 27-0117757	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date *11/20/07*600112536646
11/27/07 01012 010 4450.00