


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  01 DEC 20 PM 4:22  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>P93000027400</u>					
1. Corporation Name  CPM Investments, Inc.					
2. Principal Office Address  Suite, Apt. #, etc. 3408 Leigh Street City & State Pompano Beach, FL. Zip 33062 Country U.S.A.			3. Mailing Office Address  Suite, Apt. #, etc. 30 17th Street City & State Cayucos, CA Zip 93430 Country U.S.A.		
4. Date incorporated or Qualified To Do Business in Florida 4/9/93			5. FEI Number 582195294 Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Addition'l Fee requir for a Certificate of Status					

**REINSTATEMENT** 00-01

7. Name and Address of Current Registered Agent		
Name Phillip H. Maxwell		
Street Address (P.O. Box Number is Not Acceptable) 3408 Leigh Street		
Suite, Apt. #, Etc.		
City Pompano Beach	State FL	Zip Code 33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent [Signature] Date 12/19/2001  
REGISTERED AGENT MUST SIGN

9. 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	Phillip Maxwell	30 17th Street	Cayucos, CA 93430
V	Carol Maxwell	30 17th Street	Cayucos, CA 93430

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\*\*\*\*900.00 \*\*\*\*900.00

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 under section 119.07(3)(f), 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: PHILLIP H. MAXWELL PRESIDENT Date 12/19/2001 Daytime Phone # 954-781-0003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR