
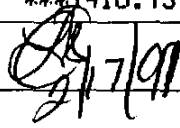


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA3000029641</u>			
1. Corporation Name Cannon Creek Farms, Inc.			
Principal Place of Business 12100 N.W. 193rd St. Micanopy, Florida 32667		Mailing Address Same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 12100 N.W. 193rd St.		3. New Mailing Office Address, If Applicable 12100 N.W. 193rd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Micanopy, Florida		City & State Micanopy, Florida	
Zip 32667	Country Marion	Zip 32667	Country Marion
4. Date Incorporated or Qualified To Do Business in Florida 04/20/93		5. FEI Number 59-3207226	
Applied For <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) P/S T/D	Name of Officers and/or Directors Vinton T. Cannon	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 12100 N.W. 193rd Street	City / State / Zip Micanopy, FL 32667
100002090311--7 -02/18/97--01028--006 ***1418.75 ***1418.75 			
REINSTATEMENT <u>04-97</u>			
8. Name and Address of Current Registered Agent Vinton T. Cannon 12100 N.W. 193rd Street Micanopy, Florida 32667		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Vinton T. Cannon</u> Date <u>Feb-11-1997</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(i), 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: <u>Vinton T. Cannon</u> <u>Feb 11-97</u> (952) 591-4797 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2040 (12/96)