PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR

APPLICATION 'FOR' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000051839

1. Corporation Name

BLACKWOOD FARMS, INC.

Principal Place of Business

Malling Address

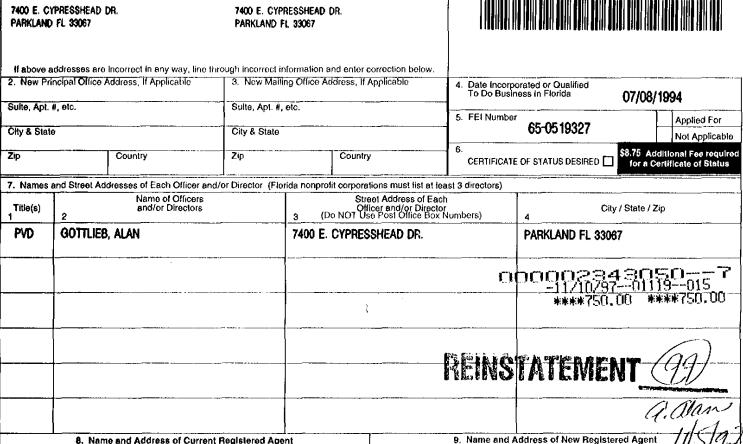
7400 E. CYPRESSHEAD DR. PARKLAND FL 33067

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Name

Suite, Apt. #, Etc.

ngined corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the register Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

(See other side for information on Intengible tax.)

Zip Code

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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the regulrements 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:

GOTTLIEB, ALAN

7400 E. CYPRESSHEAD DR. PARKLAND FL 33067

ME SIGNING OFFICER OR DIRECTOR