

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 # P96-54280		98 SEP 11 PM 6:01 RECEIVED FLORIDA	
1. Corporation Name SPRINCLE FRESH, INC.			
Principal Place of Business 1100 E TENNESSEE STREET SUITE B TALLAHASSEE, FL 32308		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 06/26/96	
		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCOTT, EDWARD R. II 1100 E. TENNESSEE STREET TALLAHASSEE FL 32308		700002640127-0106 -09/15/98 - 01066-010 ****770.00 - ****770.00
STD	PROVINE, Robert D. 7500 TALLEY AVE Drive TALLAHASSEE, FL 32311		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROBERT WOOLFOLK, ESQ. THE MURPHY HOUSE 317 E PINK AVE TALLAHASSEE, FL 32301-1513 US		Name Street Address (P.O. Box Number is Not Acceptable) 700002640127-0106 -09/15/98 - 01066-010 ****130.00 - ****130.00 Suite, Apt. #, Etc. City State Zip Code FL	
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 Robert Woolfolk REGISTERED AGENT MUST SIGN Date 11 Sept 98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input 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: Edward R. Scott, II SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11 Sept 98 850/666-6115 Daytime Phone #	