PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS P96000066814 DOCUMENT # 97 NOV -7 AH IO: 55 1. Corporation Name SEVEN WISHES FARM, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7505 NW 137TH AVENUE 7505 NW 137TH AVENUE MORRISTON FL 32668 MORRISTON FL 32668 If above addresses are incorrect in any way, line through Incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. Now Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 08/06/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) PS PACANINS, ROSA ELENA L 7505 NW 137TH AVENUE MORRISTON FL 32668 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent PACANINS, ROSA ELENA L Street Address (P.O. Box Number is Not Acceptable) 7505 NW 137TH AVENUE **MORRISTON FL 32668** Suite, Apt. #, Etc. City State | Zip Code 10. I, being appointed the registered agent of the above acreation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for Information on Intangible tax.) Intangible Personal Property tax due June 30. Yes I No 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 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.

ME OF SIGNING OFFICER OR DIRECTOR

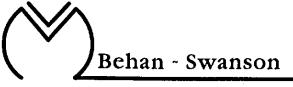
Daytime Phone #

Date

Towns Law and State of the Control of State of S

SIGNATURE:





## Accounting, Inc.

2522 S.W. 27th Avenue Ocala, Florida 34474 Phone (352) 854-2455 • FAX (352) 854-1146

VIVIEN L. SWANSON, EA

November 3, 1997

MARY D. BEHAN, EA

Department of State Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314

Re: Seven Wishes Farm, Inc. and Seven Wishes Enterprises, Inc.

## Gentlemen:

As per our telephone conversation we are again submitting a check for the original payment. Our office submitted the original annual report in May 23, 1997. On July 25, 1997 when we receive the second notice we wrote again. We did not follow through because we expected everything to be correct. All of a sudden we receive the dissolution notice.

Please take care of this matter and let us know if there is another problem. Telephone (353)854-2455.

Sincerely

Vivien L. Swanson

Behan-Swanson Accounting, Inc.