


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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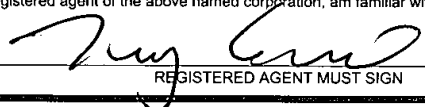
<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> PA0000085588					
<b>1. Corporation Name</b> Terra Nole, Inc					
<b>2. Principal Office Address</b> 818 N. Thompson Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> Box 2901 Suite, Apt. #, etc.		
City & State APOKA FL			City & State APOKA FL		
Country 32702			Country 32704		

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/16/96	
<b>5. FEI Number</b> 59-3418884	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name TONY EVELAND	
Street Address (P.O. Box Number is Not Acceptable) 1412 ATLANTIS DR.	
Suite, Apt. #, Etc. APOKA	
City APOKA	State FL
Zip Code 32703	

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\*\*\*\*150.00 \*\*\*\*150.00

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent 	Date 11/20/2002
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DR. RON ROBINSON	818 N. Thompson	APOKA, FL 32712

<b>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)(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.</b>	
SIGNATURE: 	Date 11/20/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 407-889-2000	


CR2001 (9/00)

November 28, 2001

Department of State

My corporation became inactive because I did not receive my annual bill. We changed addresses and it (along with some other very important mail) was not forwarded. I have enclosed the reinstatement request and the normal annual fees.

I am also submitting an address change form in a separate envelope.



Tony Eveland  
Interactive Research Consultants  
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Apopka, FL 32704

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