

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 10 PM 12:11

DOCUMENT # P96000094708

1. Corporation Name

BACK ACRE TREE FARM INC.

99AR

Principal Place of Business

12890 RAYMOND DR.
LAXAHATCHEE FL 33470

Mailing Address

12890 RAYMOND DR.
LAXAHATCHEE FL 33470



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		4. Date Incorporated or Qualified To Do Business in Florida 11/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0710435	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4. City / State / Zip
D	FITZSIMMONDS, EDWARD B	12890 RAYMOND DR.	LAXAHATCHEE FL 33470
			800003073288--9 12/16/99 01095 016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITZSIMMONDS, EDWARD B
12890 RAYMOND DR.
LAXAHATCHEE FL 33470

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/9/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/9/99

Date

561/315-4155

Daytime Phone #

CS25040 (8/99)

BACK ACRE

T R E E F A R M

12890 Raymond Drive • Loxahatchee, FL 33470
Bus (561) 315-4455 • Fax (561) 793-6056

Oct. 14, 1999

Florida Department of State
Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

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Dear Sirs,

I am sorry to say that I never received the 1st notice to send in my annual report. I notified your office of this and they advised me to put this in writing and send in my \$150.00 Annual Report Fee & Corporate Supplemental Fee. You will find this attached.

Thank you for your help.

Edward B. FitzSimmonds