
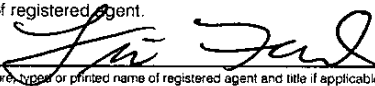
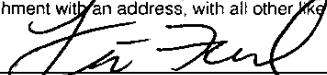


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000101542</b> 1. Entity Name <b>SUSTAINABLE AGRICULTURAL PRODUCTS, INC.</b>					
Principal Place of Business <b>5411 ST. HELENA RD. LAKE WALES, FL 33853</b>				Mailing Address <b>PO BOX 888 BRANDON, FL 33509-0888</b>	
2. Principal Place of Business <b>5411 Saint Helena Rd</b>		3. Mailing Address <b>5411 Saint Helena Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lake Wales FL</b>		City & State <b>Lake Wales FL</b>		4. FEI Number <b>59-3585777</b>	
Zip <b>33898</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33898</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOMPKINS, H. CHRISTOPHER II 1706 SOUTH KINGS AVE BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name <b>Timothy Ford</b> Street Address (P.O. Box Number is Not Acceptable) <b>5411 Saint Helena Rd</b> City <b>Lake Wales</b> <b>FL</b> Zip Code <b>33898</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>12/29/05</b>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, H. CHRISTOPHER II 1706 SOUTH KINGS AVE BRANDON, FL 335116216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas Ford 5411 Saint Helena Rd Lake Wales FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, TIM 5411 ST. HELENA RD. LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D VANESSA BAKER 330 16th St NW Winter Haven FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORD, TOM 5411 ST. HELENA ROAD LAKE WALES, FL 33853	<input type="checkbox"/> Delete	<b>REINSTATEMENT 05</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE <b>12/29/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>863-489-3232</b>	

FILED  
 05 DEC 30 PM 2:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)