

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 JAN -3 PH 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000025654

1. Corporation Name

ESCAROSA LAND RESEARCH COMPANY

Principal Place of Business

Mailing Address

5313 STAFFORD CIRCLE PACE FL 32571

5313 STAFFORD CIRCLE PACE FL 32571



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

03/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3504726

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for JOHN F. JACKSON, PRESIDENT, 5313 STAFFORD CIRCLE, PACE, FL 32571.

000003095470--5 -01/12/08--01012--820 ***758.75 ***758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

JACKSON, JOHN F 5313 STAFFORD CIRCLE PACE FL 32571

Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE REQUIRED

Date

12-25-96

REGISTERED AGENT MUST SIGN

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED JOHN F. JACKSON

12-25-96

850-994-5104

Date

Daytime Phone #