

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

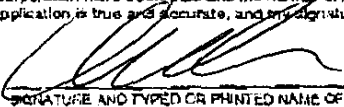
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000092138			
1. Corporation Name Terra Enterprises, Inc. 3007 Robinwood Lane Palm Harbor, FL 34684			
2. Principal Office Address 3007 Robinwood Ln.		3. Mailing Office Address P O Box 1732	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34684	Country USA	Zip 34682	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ See Instructions for Application	

7. Name and Address of Current Registered Agent	
Name Onorio Carlesimo	900003630379--1
Street Address (P.O. Box Number is Not Acceptable) 3007 Robinwood Lane	-02/02/01--01048--017 ****908.75 ****908.75
Suite, Apt. #, Etc.	
City Palm Harbor	State FL Zip Code 34684

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.			
Signature of Registered Agent		Date 1/22/01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Onorio Carlesimo	3007 Robinwood Lane	Palm Harbor, FL 34684
10. I certify that I am an officer or director of this 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)(f), 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: 		Onorio Carlesimo 1/22/01 727-784-0090 KE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	