PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
01 JAN 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000092138

1. Corporation Name

Terra Enterprises, Inc.
3007 Robinwood Lane
Palm Harbor, FL 34684

REINSTATEMENT 000001

2. Principal Office Address	3. Mailing Office Address
3007 Robinwood Ln.	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

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Annual Fee required if a Certificate of Status is desired

7. Name and Address of Current Registered Agent

Name: Onorio Carlesimo

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****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 3007 Robinwood Lane

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. Name 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 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: _____ Onorio Carlesimo 1/22/01 727-784-0090 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #