PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						open decident		
CORPORATION REINSTATEMENT	Jim Secreta	RTMENT OF STATE Smith ary of State CORPORATIONS		02 AUG 20 PM I2: 58 SECRETARY OF STATE TALLAHASSEE FLORIDA			Section of the sectio	
DOCUMENT # 79900001817 1. Corporation Name Lidepondence Plants, Inc.								
133 South 11th Steept LANTANA, FL 33462			3000072940734 -08/22/0201082011 ****450.00 ****450.00			The state of the s	Account of the second of the s	and the second s
2. Principal Office Address 133 South 11 ^{+H} 5T 3. Mailing Office Address		Advantage of the second				8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 100	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida			10		
Zip 38462 Paum Buh	Zip	Country	6.	 _ ``	Applicable Fee required			Annual Control
Name STEVEN BELL Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.							51 51 51 51 51 51 51 51 51 51 51 51 51 5	
City				State Zip Code FL 33462				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN							The state of the s	Management of the second
9. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonp	rofit corporations must list at le	east 3 directors)			, d va sid	High case	116
Titles Name of Officers and/or Director	Name of Street Address of Ea Officers and/or Directors Officer and/or Direct		City / State / Zip					S Park
Steven M. Ben		133 South 11 th Street LANTANA FL 33460		20 LAWTANA FL 33462				200 A 100 A
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10. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been eliminate names of individuals listed	ed, the corporate name satisfies I on this form do not qualify for	s the requirements an exemption und	of section 607.0401 or 617.0401, F.S., that	all fees		TV. In a control of the control of t	100
SIGNATURE: SIGNATURE AND TYPED OR P) RINTED NAME OF SIGNING O	FFICER OR DIRECTOR	8/15/0	2 561 632 773 Date Daylime Phone #			The see	198
					20/02/8 K			

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August 9, 2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Per the request of the State, I am writing this letter to document my position for my corporation reinstatement. The corporation, Independence Plants, Inc., was administratively dissolved in September 2000; the year after my corporation was formed. The previous address of the corporation was my former home and the proper forwarding of documents did not occur. Therefore, the required annual report was not filed. I have been unaware of these filings and was made aware of the corporation's inactive status by my Accountant. I would like to remain in good standing with the state and comply with the required filings on a forward going basis.

I hope that this letter and my attached payment of \$450.00 will assist you in the efficient resolution of this matter. I appreciate your anticipated cooperation. Thank you once again for your assistance in this matter and if there is any other information required please feel free to contact my office.

Independence Plants, Inc. 133 South 11th Street Lantana, FL 33462

Sincerely,

Steven Bell, President