

APPLICATION FOR REINSTATEMENT FOR Gulfstream Harvesters, Inc.		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 28 PM 4:00	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # Gulfstream Harvesters, Inc. 1753 Southwest 70th Way Pompano, Florida 33004 P99000030137			2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. Address Address City and State Zip Code 03/13/01 90322 015 A 750.00		
3. Date Incorporated or Qualified To Do Business in Florida 3/29/99		4. FEI Number <input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable			
5. Names and Street Addresses of Each Officer and/or Director					
1	2	3	4		
Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State		
DP	Jacqueline Cline	Post Office Box 75	Drummond WI		
DVP	James Cline	Post Office Box 75	Drummond WI		
					600004785156--7 -01/18/02--01068--003 ***158.75 ***158.75
This corporation has liability for intangible tax under section 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No For intangible tax information call Department of Revenue 904-488-6800.					
REGISTERED AGENT INFORMATION			7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent			Name		
James W. Stroup, P.A. 119 Southeast 12th Street Ft. Lauderdale, Florida 33316			Street Address (Do NOT Use P.O. Box Number)		
			Street Address (Do NOT Use P.O. Box Number)		
			City and State FL.	Zip Code AD	
8. 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			Date 12/21/01		
REGISTERED AGENT MUST SIGN					
9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director			Date 12-26-01 Phone # 954-612-8750		
Typed or printed name of signing officer or director			Jacqueline Cline pres.		
10. Should you desire a certificate of status check the box.					
CERTIFICATE OF STATUS DESIRED				<input checked="" type="checkbox"/>	
				\$875 Additional Fee required for a	