


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000035737			
1. Corporation Name FANTASY FARMS, INC.			
2. Principal Office Address 2761 N.W. 82nd AVENUE <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2761 N.W. 82nd AVENUE <small>Suite, Apt. #, etc.</small>	
City & State MIAMI, FLORIDA <small>Zip</small> 33122 <small>Country</small> USA		City & State MIAMI, FLORIDA <small>Zip</small> 33122 <small>Country</small> USA	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name: MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable): 283 CATALONIA AVENUE Suite, Apt. #, Etc.: 2nd Floor City: MIAMI			
200004669692-6 11/06/01-01082-024 *****750.00 *****750.00			
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: <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date: 10/19/01			
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	ELLIOT SUTTON	1495 BREAKWATER TERRACE	HOLLYWOOD, FL 33019
PSTD	STEVEN PERLMAN	1170 SEAGULL TERRACE	HOLLYWOOD, FL 33019
REINSTATEMENT			
10. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>[Signature]</i> STEVEN PERLMAN Date: 10/18/01 (305) 592-1413			

FILED

01 OCT 22 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CPRE001 (8/00)

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) FANTASY FARMS INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 2761 N.W. 82nd Avenue	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code Miami, FL 33122	5b City, state, and ZIP code
6 County and state where principal business is located DADE	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► STEVEN PERLMAN. 267-49-9873	

8a Type of entity (Check only one box.) (see instructions)**Caution: If applicant is a limited liability company, see the instructions for line 8a.**

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
---	----------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► IMPORT	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions) 12 DECEMBER
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	11/2002
--	----------------

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <input checked="" type="checkbox"/>	Agricultural	Household
---	---	--------------	-----------

14 Principal activity (see instructions) ► IMPORT
--

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," principal product and raw material used ►

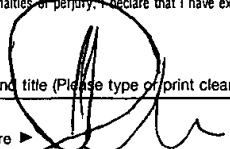
16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► STEVEN PERLMAN Trade name ► INFINITY FARMS INC.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed
11-23-98 MIAMI FLORIDA

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Previous EIN 65-0879569
Name and title (Please type or print clearly.) ► STEVEN PERLMAN, PRESIDENT	Business telephone number (include area code) (305) 592-1413
	Fax telephone number (include area code) (305) 594-4770

Signature ► 	Date ► 4/20/01
---	-----------------------

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------