PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION	SEE 215 T-1755	Se	ecretary	MENT OF STATE of State preparations].	O3. JUL 28 SEGRETARY TALLAHASSE	PH 12: 46 OF STATE		
DOCUMENT # P99000052209 1. Corporation Name							TALLAMASSE	E, FLUNIUM		
Daddy Does Dirt, Inc.										
						REINSTATEMENT 02-03				
				3. Mailing Office Address 20 South Broad Street			800021783688 07/25/0301021003 **900.00			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 6/7/99				
,010,1010,1010			Brooksvi			5. FEI Number Applied For 59-3581764 Not Applicable				
Zip 33567			^{Zip} 34601		Country USA	6.				
7. Name and Address of Current Registered Agent										
	Name W	illiam H. Stantor		·						
	Street Address (P.O. Box Number is Not Acceptable) 8108 S.R. 39 South						· · · · · · · · · · · · · · · · · · ·			
1	-Suite, Apt. #, Etc.					**. ·,				
	Plant City					Andrews	State Zip Code FL 33567			
8. I, being appointed the registered agent of the above harnest 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										
9. Names	and Street Ac	Idresses of Each Officer an	d/or Director (Flor	ida nonpro	ofit corporations must list at le					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
P/D/s	William H. Stanton, Jr.			8108 S.R. 39 South			Plant City, FL 33567			
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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 1.19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2-77-8/05

gr 7/25