

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # *N 03947*

1. Corporation Name

THE EARTH FOUNDATION, INC

2. Principal Office Address

3412 CLARK RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

113

City & State

SARASOTA, FL

City & State

SARASOTA

Zip

34231

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1984

5. FEI Number

59297260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laurie B. Sams, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2815 Proctor Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *12/15/06*

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
<i>EX-DC DIR</i>	<i>MICHAEL WADE</i>	<i>448 PARK TRACO BLVD</i>	<i>OSPROY, FL 34229</i>
<i>DIR</i>	<i>EDWARD WADE</i>	<i>4110 GARY ST. W</i>	<i>TAMPA, FL 33609</i>
<i>DIR</i>	<i>TIMOTHY WAY</i>	<i>1007 RIVER DR.</i>	<i>RUSHIN, FL 33570</i>
<i>DIR</i>	<i>SHARON BONANNO</i>	<i>448 PARK TRACO BLVD</i>	<i>OSPROY, FL 34229</i>

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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 contained in Chapter 119, 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:

Michael Wade

MICHAEL WADE

10 DEC 06

941 993-3541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #