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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED  
APR 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
APR 19 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD2000010876

1. Corporation Name  
**Organic Accents**

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><b>791 W. Indies Dr</b> |                       | 3. Mailing Office Address<br><b>P.O. Box 431602</b> |                       |
| Suite, Apt. #, etc.                                    |                       | Suite, Apt. #, etc.                                 |                       |
| City & State<br><b>Ramrod Key Fla</b>                  |                       | City & State<br><b>Big Pine Key Fl.</b>             |                       |
| Zip<br><b>33042</b>                                    | Country<br><b>USA</b> | Zip<br><b>33043</b>                                 | Country<br><b>USA</b> |

4. Date Incorporated or Qualified To Do Business in Florida **1-30-2002**

5. FEI Number **20-0997340** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Timothy Trivett**

Street Address (P.O. Box Number is Not Acceptable)  
**791 W. Indies Dr.**

Suite, Apt. #, Etc.

City **Ramrod Key** State **FL** Zip Code **33042**

500033093955  
04/19/04--01068--015 \*\*308.75

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]** Date **4-14-04**

REGISTERED AGENT MUST SIGN

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      | Timothy Trivett                   | 791 W. Indies                                  | Ramrod Key Fl. 33042 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

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)(f), 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]** Date **4-14-04** Daytime Phone # **305 872-9185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25081 (01/04)

PS 2/22

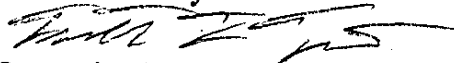
April 14, 2004

To whom it may concern:

Enclosed is a check in the amount of \$308.75  
Due to the fact when we incorporated in Jan.2002  
the attorney who prepared our incorporation listed the wrong  
address for our mailing so which we never received yearly fee  
notice. I have also enclosed \$8.75 for certificate of status.

Thank You,

Timothy Trivett



Organic Accents

Document # P000010876

(305)872-9185