

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 FILED

DOCUMENT # P97000004369

1. Corporation Name  
**AGROSOL, INC.**

99 JAN 13 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 5694 Imperial Street  
 Burnaby, British Columbia  
 Canada, V5J 1G2

**REINSTATEMENT** 08-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/15/97	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
applied for				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P,C	Brian Collins	5694 Imperial Street	Burnaby, British Columbia Canada, V5J 1G2
D	Lana Bea Turner	5694 Imperial Street	Burnaby, British Columbia Canada, V5J 1G2
D	Thomas Byrne	5694 Imperial Street	Burnaby, British Columbia Canada, V5J 1G2
			500002748105--5 -01/20/99--01063--034 ****750.00 ****750.00
			500002748105--5 -01/20/99--01063--035 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
		Suite, Apt. #, Etc.	
		City Plantation	State FL
		Zip Code 33324	

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent BY: **PETER F. SOUZA** Date: **12/22/98**  
 REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: **Brian Collins** Date: **Dec 29/98** Daytime Phone #: **609 437-3702**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR