

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA9000050475
1. Corporation Name
PALMTECH FARM INC.

Principal Place of Business Mailing Address
17201 SW 248 Street
Miami, FL. 33031

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

2. New Principal Office Address, if Applicable
18310 SW 192 St.
Suite, Apt. #, etc.

3. New Mailing Address, if Applicable
18310 SW 192 St.
Suite, Apt. #, etc.

4. Date incorporated or Obtained To Do Business in Florida
6/22/99

5. FEI Number
65-0929681

Applied For
 Not Applicable

City & State
Miami FL
Zip
33187

Country
USA

City & State
Miami, FL
Zip
33187

Country
USA

6. CERTIFICATE OF STATUS DESIRED 88733 Additional Fee required for a Certificate of Status

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
PO	ALBERTO RODRIGUEZ	30545 SW 193 Ave	Homestead FL 33030
VP	ESTEBAN RODRIGUEZ	16451 NW 84 Ave	Miami, FL 33016
SD	DANIEL RODRIGUEZ	7560 SW 67 St.	Miami, FL 33143
TD			

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****758.75 ****758.75

8. Name and Address of Current Registered Agent
ESTEBAN RODRIGUEZ
16451 NW 84 Ave
Miami, FL 33016

9. Name and Address of New Registered Agent
Name ESTEBAN RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
16451 NW 84 Ave.
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33016

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent [Signature] Date 11/28/00
REGISTARRED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
[Signature] Date 11/28/00 305 827-0100

SIGNATURE: [Signature] OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE