

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR,
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 MAR 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 496881

1. Corporation Name

AGROINDCO INTERNATIONAL CO.

Principal Place of Business

10435 SW 41ST TERRACE
MIAMI FL 33165

Mailing Address

10435 SW 41ST TERRACE
MIAMI FL 33165



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

02/15/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10995 SW 116 ST

P.O. BOX 651062

City & State

City & State

MIAMI, FL

MOBILE, AL

Zip

Zip

33176

Country

Country

USA

36685

USA

5. FEI Number

59-1650725

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
CD	DIAZ, MARIA H.	10435 SW 41 TERRACE	MIAMI FL 33165
P	DIAZ, EDGARDO M III	3401 WELLBORNE DR	MOBILE AL 36695
V	DIAZ, EGARDO M JR	6517 SUGAR POINTE CT	MOBILE AL 36695
			100003888181--8 -03/20/01--01053--010 ****900.00 ****900.00
			REINSTATEMENT 2000-01

8. Name and Address of Current Registered Agent

DIAZ, MARIA H
10435 SW 41ST TERRACE
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

BEATRIZ DE ZULVETA

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

10995 SW 116 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

Beatriz de Zulveta
REGISTERED AGENT MUST SIGN

Date

3/9/01

11. 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)(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 OF EDGARDO M DIAZ III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(334) 391 5656

CR2E040 (8/00)