PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUN 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 518896

1. Corporation Name

AGRO AIR INTERNATIONAL, INC.
W98000011314

Principal Place of Business / Mailing Address

1701 NW 66th AVENUE, BLDG. 2145
MIAMI, FLORIDA 33122
P.O. BOX 524236
MIAMI, FL. 33152

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

2. New Principal Office Address, If Applicable
2261 NW 67th AVENUE
Suite, Apt. #, etc.
BLDG. 700
City & State
MIAMI, FL. 33122
Zip / Country
USA

3. New Mailing Office Address, If Applicable
P.O. BOX 523726
Suite, Apt. #, etc.
City & State
MIAMI, FL. 33152
Zip / Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
11/22/76

5. FEI Number
59-1814532
☐ 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 (If 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
P/D	FINE, J. FRANK	242 WELLS ROAD	PALM BEACH, FL. 33480
VDS	FINE, BARRY	242 WELLS ROAD	PALM BEACH, FL. 33480

200002571462--5
-06/24/98--01084--016
***1833.75 ***1833.75

REINSTATEMENT 89.75
10/23/98

8. Name and Address of Current Registered Agent

FINE, J. FRANK
242 WELLS ROAD
PALM BEACH, FL. 33480

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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
REGISTERED AGENT MUST SIGN
Date 6-9-98

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 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: Barry Fine 5/11/98 (305) 871-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #