

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV - 1 AM 9:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565535

1. Corporation Name

AGRO INDUSTRIAL, INC.

Principal Place of Business

Mailing Address

6832 N.W. 77 Court
Miami, Fl. 33166

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 01/23/78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-2471432

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED []

\$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for HERRERA, CARLOS and HERRERA, ROSALBA.

800002367588-9
-12/10/97-01005-005
***915.00 ***915.00

REINSTATEMENT '96-'97
SCC 12-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Freeman, Stephen A.
999 Brickell Ave.
Suite 600
Miami, Fl. 33131

Name Yolanda Jaramillo
Street Address (P.O. Box Number is Not Acceptable) 12360 S.W. 132 Ct. # 210
Suite, Apt. #, Etc. Miami, Fl. 33186
City State FL Zip Code

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] REGISTERED AGENT MUST SIGN

Date 11/21/97

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

Date 11/21/97 Daytime Phone #

CR2E040 (12/96)