PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005283

1. Corporation Name

INDUSTRIAS AGRICOLAS Y PECUARIAS TULAN, S.A.

REINSTATEMENT 01

c/o Greenberg Traurig, P.A.

2. Principal Office Address	3. Mailing Office Address	4. Date Incorporated or Qualified To Do Business in Florida
7A Avenida 6-53 Zona 4	777 South Flagler Drive	09/20/2000
Suite, Apt. #, etc. OFC. 143 "A"	Suite, Apt. #, etc. Suite 300 E.	
13 Nivel, ED. EL Triangulo		
City & State Guatemala	City & State West Palm Beach, Florida	5. FEI Number ___ Applied For / x Not Applicable
Zip / Country Guatemala	Zip 33409 / Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

400004717434--3
-12/10/01--01111--023
****750.00 ****750.00

Suite, Apt. #, Etc

City	State	Zip Code
Tallahassee	FL	32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent BRIAN COURTNEY, ASST. V.P. Date 11-19-01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	Lehnhoff, Steffan	7A Avenida 6-53, Zona 4, ED. EL Triangulo	40 Nivel, Guatemala, Guatemala
SD	Buitron, Alejandro	7A Avenida 6-53, Zona 4, ED. EL Triangulo	40 Nivel, Guatemala, Guatemala
D	Buitron Espinoza, Jose	7A Avenida 6-53, Zona 4, ED. EL Triangulo	40 Nivel, Guatemala, Guatemala

10. I certify that I am an officer or director of 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: Steffan Lehnhoff/President 11/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #