

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K69432**

1. Corporation Name

AGRICULTURAL AND INDUSTRIAL CHEMICAL CO., INC.

Principal Place of Business

9273 COLLINS AVENUE, STE. 604
MIAMI BEACH FL 33154-3035

Mailing Address

9273 COLLINS AVENUE, STE. 604
MIAMI BEACH FL 33154-3035

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98
02/27/98

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0377535** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HARADOM, MICHAEL M	9273 COLLINS AVE., #604	MIAMI BEACH FL
S	SALMONA, JANET G NICOLE ZILLO ROITBERG	9273 COLLINS AVE., #604	MIAMI BEACH FL
T	SALMONA, MICHAEL M PATRICK ZILLO ROITBERG	9273 COLLINS AVE., #604	MIAMI BEACH FL

100002658691-6
-10/08/98-01013-011
***900.00 ***900.00
JPS
10/1/98

8. Name and Address of Current Registered Agent

FREEDMAN, RANDY R
ONE EAST BROWARD BLVD.
BARNETT PLAZA, SUITE 700
FT. LAUDERDALE FL 33301

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

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

Randy R. Freedman
REGISTERED AGENT MUST SIGN

Date **9/18/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(l), 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: X

Haradom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 10, 1998 (305) 865-2719

Date Daytime Phone #

CR2E040 (8/97)