

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007887

FILED  
Jun 10, 2005  
Secretary of State

Entity Name: END TIME HARVEST A.G. INC.

## Current Principal Place of Business:

1200 COMMON WEALTH CIR. UNIT H-103  
NAPLES, FL 34116

## New Principal Place of Business:

4287 22ND PL SW  
NAPLES, FL 34116

## Current Mailing Address:

4500 17TH AVE. S.W.  
NAPLES, FL 34116

## New Mailing Address:

4287 22ND PL SW  
NAPLES, FL 34116

FEI Number: 01-0600266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MENDEZ, STEVEN  
1200 COMMON WEALTH CIR. UNIT H-103  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TOMAS PARDO

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MENDEZ, STEVEN D  
Address: 1200 COMMON WEALTH CIR. UNIT H-103  
City-St-Zip: NAPLES, FL 34116

Title: ST ( ) Delete  
Name: MENDEZ, ARLENE  
Address: 1200 COMMON WEALTH CIR. UNIT H-103  
City-St-Zip: NAPLES, FL 34116

Title: TT ( ) Delete  
Name: PARDO, TOMAS  
Address: 4500 17TH AVE. S.W.  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TT (X) Change ( ) Addition  
Name: PARDO, TOMAS  
Address: 4287 22ND PL SW  
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMAS PARDO

TT

06/10/2005

Electronic Signature of Signing Officer or Director

Date