PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	09 FEB 26 PH 4: 20
DOCUMENT # P0000016176 1. Corporation Name		TALLAHASSEE, FLORIDA
AG MANAGEMENT SER	VICES INC.	·
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 157/VW 16 ST.	CR2E081 (12/08)
Suite, Apt #, etc	Suite. Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Flonda
Belle blade, FL	Belle blade FL	5. FEI Number Applied For Not Applicable
33430 USA	33430 Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Surle, Apt #, Etc City Relle (Adde) State FL 3343C		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 REGISTERED AGENT MUST SIGN Date 22/20/2009		
	d/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	or City / State / Zip
P Felix Vose Ago	do 157 NW 16 57	- Balle Wade FL33430
		800144487348 02/26/0901015018 **1385.00
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10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

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