

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PS 1 & 1
FILED
04 MAR -8 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028022

1. Corporation Name

AGRICORP USA INC

2. Principal Office Address

10101 COLLINS AVENUE

Suite, Apt. #, etc.

9-C

City & State

BAL HARBOUR

Zip

33154

Country

USA

3. Mailing Office Address

10101 COLLINS AVENUE

Suite, Apt. #, etc.

9-C

City & State

BAL HARBOUR

Zip

33154

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 19, 2001

5. FEI Number

65-1089320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENRY EICHLER

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

10101 COLLINS AVENUE

Suite, Apt. #, Etc.

#9-C

City

BAL HARBOUR

000030000490

03/08/04--01022--010 **450.00

000030000490

03/08/04--01022--011 **8.75

State

FL

Zip Code

33154

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

Henry Eichler

REGISTERED AGENT MUST SIGN

Date MARCH 01, 2004

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/D	HENRY EICHLER	10101 COLLINS AVENUE #9-C	BAL HARBOUR / FL / 33154

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 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:

Henry Eichler (HENRY EICHLER)

MARCH 01, 2004 (305) 68-

Date

Daytime Phone #

3446

pg 272

AGRICORP USA INC
FRESH FRUITS & VEGETABLES
10101 COLLINS AVENUE #9-C
BAL HARBOUR, FL 33154
TEL 305.868.3446
FAX 305.868.3406


March 1, 2004

Attn: REINSTATEMENT SECTION

To whom it may concern,

It has recently come to our attention that Agricornp USA has been dissolved for failure to send annual reports. Unfortunately, we did not receive the notification or any correspondence from your office due to an incorrect address on file. We respectfully request a fee waiver for \$600.00 reinstatement fee. We have enclosed a check for \$450.00 as payment for 2002, 2003 and 2004 plus \$8.75 additional fee for a certificate of status.

Sincerely,


Henry Eichler Esq.