

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000104928

1. Entity Name
CROPS SERVICES, INC.



Principal Place of Business
1190 RESERVE WAY, #202
NAPLES, FL 34105

Mailing Address
1190 RESERVE WAY, #202
NAPLES, FL 34105

FILED

05 FEB 28 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 111691

City & State

City & State
NAPLES FL

4. FFI Number
20-0294353

Applied For
Not Applicable

Zip

Country

Zip

Country

34108-0129

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name DAVID LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
1190 RESERVE WAY #202

City NAPLES FL Zip Code 34105

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-05

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME LOPEZ, DAVID ☐ Delete
STREET ADDRESS 1190 RESERVE WAY, #202
CITY-ST-ZIP NAPLES, FL 34105

TITLE VTD
NAME GIMENEZ, OMAR D ☐ Delete
STREET ADDRESS 1190 RESERVE WAY, #202
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800047873808
STREET ADDRESS 03/08/05--01010--015 **908.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID LOPEZ

2-10-05

Date

239-2130931

Daytime Phone #