

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000110338

Entity Name: AGRISCAPE, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

4555 RADIO RD
NAPLES, FL 34104

New Principal Place of Business:

10305 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135

Current Mailing Address:

P O BOX 1882
BONITA SPRINGS, FL 34134

New Mailing Address:

P O BOX 1882
BONITA SPRINGS, FL 34135

FEI Number: 20-3272694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDOZA, SAMUEL
10351 BONITA BEACH ROAD
BONITA BEACH, FL 34135 US

Name and Address of New Registered Agent:

M, NICHOLAS
10351 BONITA BEACH ROAD
BONITA BEACH, FL 34135 US

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: GASPAR MENDOZA

10/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MENDOZA, NICOLAS
Address: 4555 RADIO RD.
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: MENDOZA, GASPAR
Address: 4555 RADIO RD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: M, NICHOLAS
Address: 10351 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P (X) Change () Addition
Name: M, G
Address: 10615 WOODS CR
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASPAR MENDOZA

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date