

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN 19 AM 10:03

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P93000004700

Agra Corp.
2629 N.W. 16th St. Road
Miami, FL 33125

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

1/21/93

4. FEI Number

65-0383606

FEI Number Applied For

FEI Number Not Applicable

5.

\$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D,P,S	Jose M. Agra	2629 N.W. 16th St. Road	Miami, FL 33126

REINSTATEMENT 98 LG

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Jose M. Agra
2629 N.W. 16th St. Rd.
Miami, FL 33126

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

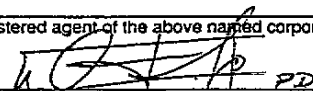
City and State

Zip

FL

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 01-12-99

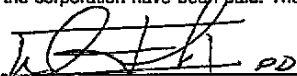
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director



Date 01-12-99

Daytime Phone # 305 635 6945

Typed or printed name of signing officer or director

GUERNICA & GONZALEZ

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

EDUARDO S. GONZALEZ, CPA, MST
EDUARDO A. GUERNICA, CPA, MST

8180 NW 36TH ST., STE. 100
MIAMI, FL 33166-6850
PHONE (305) 477-7447
FAX (305) 592-9699
E-MAIL: ggcps@bellsouth.net

January 14, 1999

Mr. Shawn Toner
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

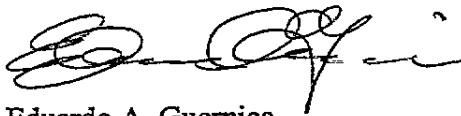
Re: Reinstatement of Agra Corp, Doc. # P93000004700

Dear Mr. Toner:

We request that you consider refunding to the above referenced corporation the reinstatement fee of \$600 due to reasonable cause. The company's president and registered agent Mr. Agra was unaware that the annual fees had not been paid. The reason for this is attributable to an incorrect mailing address in the state's records. The correct mailing address should have been 2629 NW 16th St. Road not 402 NW 55th CT.

Your favorable consideration in this matter will be greatly appreciated. If you have any questions please do not hesitate to call the undersigned.

Sincerely,



Eduardo A. Guernica
For the firm