

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P3000016485

1. Corporation Name

AGRA-EXPORT INTERNATIONAL, INC.

2. Principal Office Address

1800 N.W. 89 Place

3. Mailing Office Address

444 Arvida Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Coral Gables Florida

Zip

33172

Country

U.S.A.

Zip

33134

Country

U.S.A.

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

03/04/93

5. FEI Number

65-0394044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

John G. Immer, Esq.

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

1101 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Miami, Florida

State

FL

Zip Code

33131

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

John G. Immer, John G. Immer
REGISTERED AGENT MUST SIGN

Date

June 8, 2001

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	Peter F. Ullrich	444 Arvida Parkway	Coral Gables, FL 33156
S/T/D	Maria E. Ullrich	444 Arvida Parkway	Coral Gables, FL 33156

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:

Peter F. Ullrich, Peter F. Ullrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 468-0348

Daytime Phone #