
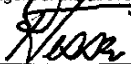
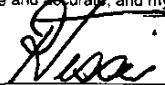


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUN -1 AM 10: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000052697					
1. Corporation Name AGRICULTURAL MACHINES INC. <div style="text-align: right;">W05-24488</div>					
2. Principal Office Address 3610 CR 830 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 669 Suite, Apt. #, etc.		REINSTATEMENT 03-05	
City & State FELDA FL		City & State FELDA FL			
Zip 33930	Country USA	Zip 33930	Country USA		
				4. Date Incorporated or Qualified To Do Business in Florida 07/22/1993	
				5. FEI Number 59 319 5400 <div style="display: flex; justify-content: flex-end;"><div>Applied For</div><div>Not Applicable</div></div>	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name TOM VISSER					
Street Address (P.O. Box Number is Not Acceptable) 3610 CR 830 <div style="text-align: right;">100055546121 06/01/05--01005--013 ***453.75</div>					
Suite, Apt. #, Etc.					
City FELDA				State FL	Zip Code 33930
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 				Date 5/25/05	
REGISTERED AGENT MUST SIGN					
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		
PRES	TOM VISSER	3610 CR 830	FELDA FL 33930		
V.P.	RIAN VISSER	3610 CR 830	FELDA FL 33930		
Sec.	HESTER VISSER	3610 CR 830	FELDA FL 33930		
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: 		TOM R VISSER		5/26/05	863 675 4046
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E081 (01/05)