

Audit No. H00000065758 5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
CORPORATIONS

00 DEC 18 PM 5:56

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000011439

1. Corporation Name

FEED TECH INTERNATIONAL, INC.

2. Principal Office Address

1312 Obispo Avenue

3. Mailing Office Address

100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17th Floor/PKL

City &amp; State

Coral Gables, FL

City &amp; State

Miami, FL

Zip

33134

Country

Zip

33131

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1995

5. FEI Number

65-0552219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

LICKSTEIN, FRED K.

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

17th Floor

City

Miami

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

Date

12/15/00

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
PSD	FERRER, JOSE E.	1312 Obispo Avenue	Coral Gables, FL 33134
D	GREEN, ROGER B.	P.O. Box 106	Port Salerno, FL 34992

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)(f), 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:

Jose E. Ferrer

12/14/00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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