PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** 97 APR 28 AM 8: 19 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** 1. Corporation Name DANUBIO FARMS INC. Principal Place of Business Mailing Address REINSTATEMENT 96-97 MIAMI, FLORIDA 7001 N.W. 25TH STREET MIAMI, FLORIDA 33122 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3/14/1995 2. New Principal Office Address, If Applicable Suite, Apt #, etc. Suite, Apt. #, etc. 5. FEI Number X Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P.S.D. HERNANDO GUTTERREZ 7001 N.W. 25 STREET MIAMI, FLORIDA 33122 \*\*\*\*915.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HERNANDO GUTTERREZ 7001 N.W. 25 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FLORIDA 33122 Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 4-26-97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 12.1 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 filling 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. 4-26-97 Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: