

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
BUREAU OF CORPORATIONS

FILED

02 OCT 28 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 09600000 2710

1. Corporation Name

Agri-bio, Inc.

2. Principal Office Address

1045 KANE Concourse

Suite, Apt. #, etc.

205

City & State

Bay Harbor, FL

Zip

33154

Country

USA

3. Mailing Office Address

1045 KANE Concourse

Suite, Apt. #, etc.

205

City & State

Bay Harbor, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. '96

5. FEI Number

65-0640440

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

Nancy Goldfarb

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

1045 KANE Concourse

Suite, Apt. #, Etc.

Suite 205

City

Bay Harbor

State

FL

Zip Code

33154

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

Nancy Goldfarb
REGISTERED AGENT MUST SIGN

Date

10/25/02

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.	Nancy Goldfarb	1045 KANE Concourse #205	Bay Har FL 33154
v-pres	Robert DANZIGER	8545 Arjons Dr. Suite B	San Diego, CA 92126

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)(l), 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:

Nancy Goldfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/

800-624-9872

Daytime Phone #

CR2001 (9/01)

11/4/02



October 24, 2002

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation

Dear Sir or Madam:

Please accept our Reinstatement Form and check enclosed herewith as our desire to have our Corporation Reinstated and in good standing.

We have been receiving our mail at a private mailbox company and we have been experiencing lost articles, which we never end up receiving. We have identified that we never did receive the renewal form from your office, and as such neglected to communicate our desire to continue to be a Florida Corporation in Good Standing.

Please accept our apologies. In the form enclosed we have made a change of address to our physical address so this does not occur again.

Hoping to hear from you soon, I remain.

Truly Yours


Nancy A. Goldfarb
President