

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Jun 04 1998 8:00am
Secretary of State

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000079378**

1. Corporation Name

International Agricultural Equipment Co.

Principal Place of Business

Mailing Address

**1889 W. Flagler St.
Miami FL 33135**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/12/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0787536

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jairo A Melo	1341 N.W 45th #4	Miami FL 33125
V	Maria E Mena	1805 Sand Souci Blvd. #110	Miami FL 33181
G.	Juan C Monte de Oca	Carrera 12 No 96-50 #214	Bogota Colombia

9000002550209

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*****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Maria E. Mena
1805 Sand Souci Blvd. #110
Miami FL 33181**

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jairo A Melo
President**

05/01/98

Date

Daytime Phone #

CR2E040 (1/98)