
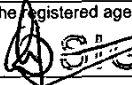



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT # P97000087504</b>																											
1. Corporation Name <b>FLORIDA GRAINS, INC.</b>																											
Principal Place of Business <b>BIRD INDUSTRIAL PARK 4244 SW 73RD AVENUE MIAMI, FL 33155</b>		Mailing Address <b>6800 S.W. 40 ST. BOX 643 MIAMI FL 33155</b>																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> <table border="1"><thead><tr><th colspan="2">2. New Principal Office Address, If Applicable</th><th colspan="2">3. New Mailing Office Address, If Applicable</th><th colspan="2">4. Date Incorporated or Qualified To Do Business in Florida</th></tr></thead><tbody><tr><td colspan="2">Suite, Apt. #, etc.</td><td colspan="2">Suite, Apt. #, etc.</td><td colspan="2">10/09/1997</td></tr><tr><td colspan="2">City &amp; State</td><td colspan="2">City &amp; State</td><td colspan="2">5. FEI Number <b>65-0791085</b></td></tr><tr><td>Zip</td><td>Country</td><td>Zip</td><td>Country</td><td colspan="2">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</td></tr></tbody></table>				2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/09/1997		City & State		City & State		5. FEI Number <b>65-0791085</b>		Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																											
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip																							
1	2	3		4																							
CEO	DOERGA, TURHAN	6800 S.W. 40TH ST., BOX 643		MIAMI FL 33155																							
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				200003491712--8 -12/08/00--01046--008 ****750.00 ****750.00																							
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent																								
TURHAN, DEORGA 6800 S.W. 40TH ST. BOX 643 MIAMI FL 33165			Name <b>TURHANE DOERGA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4244 SW 73 AVENUE</b> Suite, Apt. #, Etc.  City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33155</b>																								
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			Date <b>NOV. 13, 2000</b>																								
 <b>SIGNATURE REQUIRED</b> REGISTERED AGENT MUST SIGN																											
11. 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:  <b>SIGNATURE REQUIRED</b>			Date <b>NOV. 13, 2000</b> 305.2659968																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #																								

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 17 AM 9:35



REINSTATEMENT

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CR2E040 (9/00)

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