

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P98000D11693**

1. Corporation Name
FLORIDA AGRIPROPERTIES, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

99 OCT 27 PM 2:08

REINSTATEMENT 99

Principal Place of Business
**200 S. Indian River Drive
 Suite 203
 Fort Pierce, FL 34950**

Mailing Address
**200 S. Indian River Drive
 Suite 203
 Fort Pierce, FL 34950**

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

2. New Principal Office Address, If Applicable 770 West Midway Road Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 770 West Midway Road Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/04/98
City & State Fort Pierce, Florida	City & State Fort Pierce, Florida	5. FEI Number 65-0809875 Applied For Not Applicable
Zip 34982	Country St. Lucie	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	JOSEPH E. BEALE, JR.	200 S. Indian River Dr. #203	Fort Pierce, FL 34950
P	NILS C. JORGENSEN	770 West Midway Road	Fort Pierce, FL 34982

900003034069--0
 11/03/99-01063-007
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301-2525	9. Name and Address of New Registered Agent Name FRANK H. FEE, III, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 401 South Indian River Drive Suite, Apt. #, Etc. City Fort Pierce State FL Zip Code 34950
---	--

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 *[Signature]* Date **10/25/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *Nils C. Jorgensen* Nils C. Jorgensen, President 10/25/99 (561) 461-8999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)