

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 SEP -4 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen S. Harris
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P98000042555

1. Corporation Name
AGRICULTURAL ENGINEERING SYSTEMS, INC.

2. Principal Office Address
13744 SW 41st Pl
Suite, Apt. #, etc.

3. Mailing Office Address
13744 SW 41st Pl
Suite, Apt. #, etc.

City & State
Ocala, FL 34481

City & State
Ocala, FL 34481

Zip
34481

Country
Marion

4. Date Incorporated or Qualified To Do Business in Florida 5/8/98

5. FEI Number 59-3550857

6. CERTIFICATE OF STATUS DESIRED ☐ **APPLIED FOR** ☐ **NOT APPLICABLE** ☐

7. Name and Address of Current Registered Agent

Name John D. Infinger

Street Address (P.O. Box Number is Not Acceptable) 13744 SW 41st Pl

City Ocala

State FL

Zip Code 34481

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent *John D. Infinger* **REGISTERED AGENT MUST SIGN**

Date 09/17/01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John D. Infinger	13744 SW 41st Pl	Ocala, FL 34481

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)(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: *John D. Infinger* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 09/17/01 **Daytime Phone #** 352-344-7112

2082

AGRICULTURAL ENGINEERING SYSTEMS, INC.
13744 S.W. 41ST PLACE
OCALA, FL 34481
PH# 352-347-7112

August 30, 2001

Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Revenue Representative:

Enclosed please find the Corporation Reinstatement form and a check for \$300.00. I wish to reinstate the above named corporation and request a waiver of the reinstatement fee due to the following conditions.

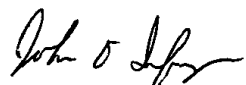
On May 6th, 1999 I mailed the Corporation Annual Report, a check for \$150.00 and a letter explaining the 6 day delay (see copies attached).

When my accountant went on-line to check on clients that had filed their 2001 Annual Report they discovered AES had been dissolved. I was unaware that AES had been dissolved.

I spoke with the Department of State yesterday and discovered that the report was returned because a P.O. address is unacceptable for the registered agent. I have no recollection of this being returned to me or receiving any correspondence regarding AES being dissolved. This may be due to an old address on your records.

It is without negligence that the Annual Reports were not filed, and I would appreciate acceptance of a waiver based on the above circumstances. If you have any further questions I request you contact my accountant, Lee F. Cable, Joseph & Company CPA's at 352-465-4600.

Sincerely,


John D. Infinger
President

Encl (5)