PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR -4 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048864

1. Corporation Name

AGRI COMMUNICATIONS, INC.

W1-8004

REINSTATEMENT 08-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10 HARBOR POINT		10 HARBOR POINT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KEY BISCAYNE, FL		City & State: KEY BISCAYNE, FL	
Zip: 33149	Country: USA	Zip: 33149	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 05-29-1998

5. FEI Number 65-0843727 ☐ 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: JAMEELA BLUMBERG
Street Address (P.O. Box Number is Not Acceptable): 10 HARBOR POINT
Suite, Apt. #, Etc.
City: KEY BISCAYNE State: FL Zip Code: 33149

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Jameela Blumberg
REGISTERED AGENT MUST SIGN
Date 2/6/10

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
PSTD	JAMEELA BLUMBERG	10 HARBOR POINT	KEY BISCAYNE, FL 33149
			500168795665 02/15/10--01034--013 **900.00
			500168795665 03/04/10--01044--024 **150.00

10. E-mail Address: Jmbkb@aol.com
(To be used for future annual report notification)

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. I further certify, 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: Jameela Blumberg 2/6/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/5 cw