

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048864

1. Corporation Name

AGRI COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
881 OCEAN DR KEY BISCAYNE FL 33149	881 OCEAN DR KEY BISCAYNE FL 33149

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/29/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0843727	
				Applied For	
				Not Applicable	
				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	4 City / State / Zip
PSTD	BLUMBERG, JAMEELA M	881 OCEAN DR., UNIT 24-E	KEY BISCAYNE FL 33149

500024510405
11/07/03--01055--021 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STICKEY, TIMOTHY P ESQ. 104 CRANDON BLVD., SUITE 309 KEY BISCAYNE FL 33149		Name: DAVID BLUMBERG Street Address (P.O. Box Number is Not Acceptable): 881 OCEAN DR. UNIT 24-E Suite, Apt. # Etc.: City: Key Biscayne State: FL Zip Code: 33149	

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. or 617.0505, F.S.

Signature of Registered Agent: Date: **11/3/03**

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: Date: **11/3/03** Daytime Phone #: **212 3983127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (7/03)