

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 22 PM 3:42

DOCUMENT # P98000096743

1. Corporation Name

AGROIMPEx INC

2. Principal Office Address

15328 NW 7 AVE  
MIAMI FL 33169  
Suite, Apt. #, etc.

3. Mailing Office Address

15328 NW 7 AVE  
MIAMI FL 33169  
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA MIAMI FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

NOVEMBER 17  
1998

5. FEI Number

08-4648627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

08-16-00 01031 002 \$165.00

7. Name and Address of Current Registered Agent

Name

VICTORIA SHARP

200004458592-3

-07/05/01--01003--082

Street Address (P.O. Box Number is Not Acceptable)

1440 SOUTH OCEAN BLVD

\*\*\*\*558.75 \*\*\*\*558.75

Suite, Apt. #, Etc.

APT 4C

City

POMPAHO BEACH

State

FL

Zip Code

33062

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

6/19/2001

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
Pres	VICTORIA SHARP	1440 S. OCEAN BLVD #4C	POMPAHO BEACH FL 33062
Sec	— 6 —	SAME →	
Treas	— 4 —	SAME →	

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:

*[Signature]* (VICTORIA SHARP, PRESIDENT) (954) 5580977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

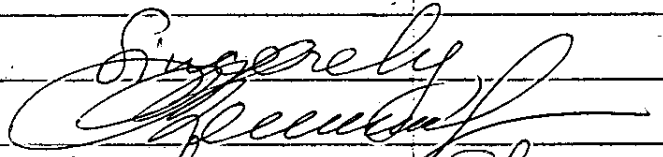
CR2E081 (9/00)

Ref. # P98000096743

6/19/01

Dear Sir,

As per our phone conversation,  
I am sending to you  
penalty reinstatement fee,  
registration fee for 2001 and  
certificate of status fee,  
total \$558.75.

Sincerely,  
  
Victoria Sharp