
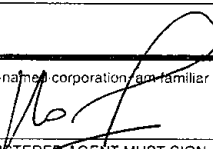
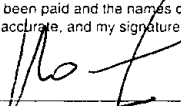


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>999000008346</u>			
1. Corporation Name AGRO SERVICES AND ADVISERS, INC.			
2. Principal Office Address <u>4155 LAUREL RIDGE CIRCLE</u>		3. Mailing Office Address <u>P.O. BOX 266634</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WESTON, FLORIDA</u>		City & State <u>WESTON, FLORIDA</u>	
Zip <u>33331</u>	Country <u>USA</u>	Zip <u>33326</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>1-28-99</u>		5. FEI Number <u>65-0902424</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>JAIME BARBOSA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4155 LAUREL RIDGE CIRCLE</u>			
Suite, Apt. #, Etc.			
City <u>WESTON</u>		State <u>FL</u>	Zip Code <u>33331</u>
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 		Date <u>9/15/01</u>	
REGISTERED AGENT MUST SIGN			
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
PSTD	JAIME BARBOSA	4155 LAUREL RIDGE CIRCLE	WESTON, FLORIDA 33331
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: 		JAIME BARBOSA, PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/15/01</u>	
		Daytime Phone # <u>954-384-9638</u>	

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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