

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT 16 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **99000050508**

1. Corporation Name

New Crop, Inc.

2. Principal Office Address
10166 NW 51 Terr.

3. Mailing Office Address
10166 NW 51 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fla.

City & State
Miami, Fla.

Zip Country
33178 USA

Zip Country
33178 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida June 1, 1999 **SP**

5. FEI Number
65-0922722

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 Lawrence S. Evans

Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle, Suite 1270

Suite, Apt. #, Etc.
Suite 1270

City
Coral Gables,

State Zip Code
FL 33134

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

REGISTERED AGENT MUST SIGN

Date 10/11/2000

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
President/			
Director/	Phannaphop, Thongsuk	10166 NW 51 Terr.	Miami, Fla. 33178
Secretary/			
Treasurer/			
Stockholder/			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-2000