

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000091179</b> 1. Entity Name <b>SEED PELLETING EQUIPMENT, INC.</b>	
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Principal Place of Business <b>PO BOX 2348 PALM CITY, FL 34991</b>	Mailing Address <b>PO BOX 2348 PALM CITY, FL 34991</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>65-0954727</b>
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11132007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent <b>KOHL, N. DEAN JR 50 S.E. KINDRED STREET STE 107 STUART, FL 34994</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIAS, LALY</b>	NAME	<b>800112510998</b>
STREET ADDRESS	<b>2017 SW MOORING DR</b>	STREET ADDRESS	<b>11/21/07--01044--005 **150.00</b>
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIAS, JOSEP</b>	NAME	
STREET ADDRESS	<b>2017 SW MOORING DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: \_\_\_\_\_ DATE: **11/17/07** DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27 02