2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000091179

1. Entity Name
SEED PELLETING EQUIPMENT, INC.

FILED
09 JUN 19 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05282009 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
PO BOX 2348 PALM CITY, FL 34991	PO BOX 2348 PALM CITY, FL 34991

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0954727 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOHL, N. DEAN JR 50 S.E. KINDRED STREET STE 107 STUART, FL 34994	Name: James M. Guest CPA Street Address (P.O. Box Number is Not Acceptable): ~~50 SE Kindred Street~~ Suite 303 City: Stuart FL Zip Code: 34994

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

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRIAS, LALY	NAME	
STREET ADDRESS	2017 SW MOORING DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	600157556836 06/22/09--01055--022 *****256.25
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRIAS, JOSEP	NAME	
STREET ADDRESS	2017 SW MOORING DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	04/03/09 01032 014 - 43.75
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	08-09
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 like empowered.

SIGNATURE: _____ 6/17/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #