

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000091179**

1. Corporation Name

SEED PELLETING EQUIPMENT, INC.

Principal Place of Business

Mailing Address

PO BOX 2348
PALM CITY FL 34991

PO BOX 2348
PALM CITY FL 34991

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

5. FEI Number

65-0954727

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TRIAS, LALY	2017 SW MOORING DR	PALM CITY FL 34990
VP	TRIAS, JOSEP	2017 SW MOORING DR	PALM CITY FL 34990

500023968235
10/21/03--01054--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOHL, N. DEAN JR
50 S.E. KINDRED STREET STE 107
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

Oct 13, 2003

Date

Daytime Phone #

CR2E040 (7/03)

SEED PELLETING EQUIPMENT, INC
PO BOX 2348
PALM CITY, FL 34991

October 13, 2003

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2003 Corporation Annual Report
Seed Pelleting Equipment Inc
P99000091179

Please accept the enclosed payment of \$150.00 in full payment of my 2003 annual report/uniform business report.

I request a waiver of the reinstatement fee and any late filing penalty because I did not receive the two prior uniform business report (UBR) notices. It has always been my intent to fully comply with all filing requirements.

Thank you for your consideration.

Sincerely,



Laly Trias, President
SEED PELLETING EQUIPMENT, INC.