

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102519

1. Corporation Name

AGRIVERDE.COM, INC.

Principal Place of Business

Mailing Address

11450 S.W. 60TH AVENUE
MIAMI FL 33156-4925

11450 S.W. 60TH AVENUE
MIAMI FL 33156-4925



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. 5825 Sunset Drive, Suite 206

Suite, Apt. #, etc. 5825 Sunset Drive, Suite 206

City & State Miami, FL

City & State Miami, FL

Zip 33143 Country USA

Zip 33143 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1999

5. FEI Number
65-0973661

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
1 Pres./D	Sait Ishoo	11450 S.W. 60th Ave	Miami, Florida 33156
VP/D/1	Ashley Ishoo	11450 S.W. 60th Ave	Miami, Florida 33156
			200003455232--1 -11/07/00--01069--014 ****750.00 ****750.00
			REINSTATEMENT DD: 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent American Information Services, Inc.
Gregory A. Greedy, Jr.
REGISTERED AGENT MUST SIGN

Date 10/16/00

CR2E040 (8/00)

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

Date

Daytime Phone #

Sait Ishoo
Sait Ishoo

10/16/00

305-682-7656