

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S44695

1. Corporation Name

AGRA PRODUCT, CORP.

Principal Place of Business

Mailing Address

1620 N.W. 21ST STREET  
MIAMI FL 33142

9100 S.W. 10TH TERR  
MIAMI FL 33174

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

2. New Principal Office Address, If Applicable

2140 N.W. 13AV

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida 04/08/1991

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33142

Country

EE.UU

Zip

Country

65-0259304

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ADAMES, OSCAR	9100 S.W. 10TH TERR	MIAMI FL 33174

500003493175--3  
-12/11/00--01031--012  
\*\*\*\*750.00 \*\*\*\*750.00

468

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAMES, OSCAR  
9100 S.W. 10TH TERR  
MIAMI FL 33174

Name  
OSCAR ADAMES  
Street Address (P.O. Box Number is Not Acceptable)  
9100 S.W. 10TH TERR  
Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33174

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/6/00

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 #

CN. 5379

10/18/00 305-745-6655