

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # V01291

1. Corporation Name  
**AGROBIN, INC.**

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1401 Ponce de Leon Blvd. 1401 Ponce de Leon Blvd.  
 Suite 200 Suite 200  
 Coral Gables, FL 33134 Coral Gables, FL 33134

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

**REINSTATEMENT**

95-99  
 2/1/99

4. Date Incorporated or Qualified To Do Business in Florida  
**December 19, 1991**

5. FEI Number  
**650318606**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Andrew G. Robinson	1401 Ponce de Leon Blvd., #200	Coral Gables, FL 33134
V/D	Maria C. Robinson	1401 Ponce de Leon Blvd. #200	Coral Gables, FL 33134
T	Armando Montalvo	1401 Ponce de Leon Blvd., #200	Coral Gables, FL 33134

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 -03/18/99--01085-003  
 \*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Armando Montalvo, Esq.  
 1401 Ponce de Leon Blvd., Ste. 200  
 Coral Gables, FL 33134

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.

Signature of Registered Agent *Armando Montalvo*  
 REGISTERED AGENT MUST SIGN

Date **3/8/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax)

12. 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: *Armando Montalvo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
 305-418-9066  
 Daytime Phone #

CRPE081 (12/98)