

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 24 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01291

1. Corporation Name
AGROBIN, INC.

REINSTATEMENT

00-02

2. Principal Office Address 2151 SOUTH LEJEUNE RD Suite, Apt. #, etc. 305 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA		3. Mailing Office Address 2151 SOUTH LEJEUNE RD. Suite, Apt. #, etc. 305 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA	
---	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 650318606	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Armando Montalvo

Street Address (P.O. Box Number is Not Acceptable)
2151 S. LeJeune Road

Suite, Apt. #, Etc.
Suite 305

City
CORAL Gables State
FL Zip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 5/13/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Andrew G. Robinson	2151 S. Le Jeune Road, Suite 305	Coral Gables, FL 33134
W/D	Maria C. Robinson	2151 S. Le Jeune Road, Suite 305	Coral Gables, FL 33134
T	Armando Montalvo	2151 S. Le Jeune Road, Suite 305	Coral Gables, FL 33134

10. 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]*
ANDREW G. ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

200005610172--B



ACCOUNT NO. : 072100000032

REFERENCE : 595631 7337906

AUTHORIZATION :

COST LIMIT :

Patricia Pijot

\$ 1058.75

1058.75

ORDER DATE : May 24, 2002

ORDER TIME : 9:51 AM

ORDER NO. : 595631-005

CUSTOMER NO: 7337906

CUSTOMER: Mr. Andrew Robinson
Andrew Robinson
2151 South Le Jeune
Suite 305
Miami, FL 33134

RECEIVED
02 MAY 24 AM 11:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: AGROBIN, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____