

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V02103

1. Corporation Name  
**HYDRO/Kirby Agri Services, Inc.**

Principal Place of Business  
**HYDRO/Kirby Agri Services, Inc.**

Mailing Address  
**P.O. Box 6277  
Lancaster, PA. 17607**

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 Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida **12-24-91**

5. FEI Number **59-3097819**

6. CERTIFICATE OF STATUS DESIRED  \$875 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PO	Carroll Kirby, Jr.	500 Running Pump	Lancaster, PA. 17607
VO	Carroll B. Kirby, III	500 Running Pump	Lancaster, PA. 17607
CV	JACK BOWERMAN	100 N. Tampa St.	TAMPA, FLA 33602

**REINSTATEMENT 96-97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

The Prentice Hall Corporation System, Inc.  
1201 Hays Street  
Suite 105  
Tallahassee, FL 32301

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.  
City  
Tallahassee

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 *Gail Shelby*  
Gail Shelby, Registered Agent

Date 9-22-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: *SK Kirby* Pres. Date 9/29/97 717-299-2541