


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		AND FILED 98 DEC -1 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # V66903 1. Corporation Name SUAZO AGROTRADING, INC.							
Mailing Address 11888 N.W. 2ND. ST. CORAL SPRINGS, FL. 33071		Principal Place of Business 11888 N.W. 2ND. ST. CORAL SPRINGS, FL. 33071		REINSTATEMENT 96-98			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country				4. Date Incorporated or Qualified To Do Business in Florida 09/24/1992	
						5. FEI Number 65-0365208	
6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4	5	6		
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				
P/T/ S/D	SUAZO, MAURO	11888 N.W. 2ND. ST.	CORAL SPRINGS, FL. 33071				
8. Name and Address of Current Registered Agent MOREL, RAFAEL 6555 N.W. 36TH ST. STE. 301 MIAMI, FL. 33166			9. Name and Address of New Registered Agent Name MIT PRODUCTS & SERVICE, INC. Street Address (P.O. Box Number is Not Acceptable) 6555 N.W. 36TH ST. STE. 301 Suite, Apt. #, Etc. City MIAMI				
			State FL				
			Zip Code 33166				
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 <i>Yelvin V. Galt</i> REGISTERED AGENT MUST SIGN Date 11/18/1998							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
13. 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 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., 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: <i>MAURO SUAZO</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/24/98 Daytime Phone # 954-753-2668				

CR2E040 (6/94)