

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000001401

FILED
Jun 04, 2007
Secretary of State

Entity Name: DRISCOLL STRAWBERRY ASSOCIATES, INC.

Current Principal Place of Business:

345 WESTRIDGE DRIVE
WATSONVILLE, CA 95076

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50045
WATSONVILLE, CA 95077

New Mailing Address:

FEI Number: 94-1237296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANET GERKIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: RODRIGUES, ALBINO
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

Title: CEOP () Delete
Name: REITER, J M
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

Title: S () Delete
Name: DRISCOLL, THOMAS P
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

Title: D () Delete
Name: BOYLES, CHARLES S
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA

Title: AS () Delete
Name: MILLER, CLINTON F
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

Title: D () Delete
Name: REITER, GARLAND S
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: MCLAUGHLIN, BRIAN
Address: 345 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95077

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MILES REITER

Electronic Signature of Signing Officer or Director

CEOP

06/04/2007

Date