

# 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