

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 11 AM 8:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000053510

1. Corporation Name

**TOMATOES PLUS, INC.**

900243569429  
01/11/13--01027--003 \*\*1200.00

2. Principal Office Address - No P.O. Box #  
100 MADISON AVE. E  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. BOX 1648  
Suite, Apt #, etc.

City & State  
IMMOKALEE, FL  
Zip Country  
34142 USA

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IMMOKALEE, FL  
Zip Country  
34143 USA

4. Date Incorporated or Qualified To Do Business in Florida  
6/2/2000

5. FEI Number  
65-1014818  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name  
JUAN ACEVEDO

Street Address (P.O. Box Number is Not Acceptable)  
100 MADISON AVE.

Suite, Apt. #, Etc.

City State Zip Code  
IMMOKALEE FL 34142

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 *Juan Acevedo* Date 1/8/13  
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
PST	JUAN R. ACEVEDO	P.O. BOX 1648	IMMOKALEE, FL 34142

10. E-mail Address: ALIACE93@GMAIL.COM  
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Juan Acevedo* Date 1/8/13  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR