

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 16 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098873

1. Corporation Name
Ruiz Harvesting, Inc
P.O. BOX 2035
Okeechobee, Fl 34972

2. Principal Office Address
P.O. BOX 2035
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Okeechobee, FLA
Zip Country
34972 Okeechobee

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
37-144 2390

Applied For
Not Applicable

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

05-05 Ruiz s/ke

7. Name and Address of Current Registered Agent

Name
Nora Izquierdo
Street Address (P.O. Box Number is Not Acceptable)
~~P.O. BOX 2035~~ 8622 NE 12th Ln.
Suite, Apt. #, Etc.
City
Okeechobee

State Zip Code
FL 34972

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 Nora Izquierdo

Date 7-27-05

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
<u>P</u>	<u>Basiliso Ruiz</u>	<u>P.O. BOX 2035</u>	<u>Okeechobee, Fl 34972</u>
			<u>200058482942</u> <u>08/11/05--01041--001 **450.00</u>
			<u>200058482942</u> <u>08/11/05--01041--002 **300.00</u>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: Basiliso Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-05-863-634-1873
Date Daytime Phone #

CR2E081 (01/05)