

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 247672

1. Corporation Name

Ben H. Roberts Produce, Inc.

2. Principal Office Address

1903 S. MacDill Ave

3. Mailing Office Address

P. O. Box 11039

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

City & State

Tampa, Fl.

City & State

Tampa, Fl.

Zip
33629

Country
USA

Zip
33680

Country
USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/61

5. FEI Number

59-0934320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas G. Howell

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

1903 S. MacDill Ave.

Suite, Apt. #, Etc.

Unit D

City
Tampa

600073771326

05/03/06--01001--023 *\$1500.00

State
FL

Zip Code
33629

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

Thomas G. Howell

Date 4/18/06

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
Pres	Thomas G. Howell	1903 S. MacDill Ave.-D	Tampa, Fl. 33629
Sec	Gloria R. Howell	1903 S. MacDill Ave.-D	Tampa, Fl. 33629

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 contained in Chapter 119, 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:

Thomas G. Howell
Thomas G. Howell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/06 (813) 376-3520

Daytime Phone #