PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 318599 (8)

1. Corporation Name
CORKSCREW GROWERS, INC.

2. Principal Office Address	3. Mailing Office Address
7373 VANDERBILT BEACH ROAD EXTENSION	7373 VANDERBILT BEACH ROAD EXTENSION
Suite, Apt. #, etc.	Suite, Apt. #, etc.
NAPLES, FLORIDA	NAPLES, FLORIDA
Zip 34119 Country USA	Zip 34119 Country USA

REINSTATEMENT 98-80

4. Date Incorporated or Qualified To Do Business in Florida 7/6/1967

5. FEI Number 59-1166532 ☐ 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: CORPORATION SERVICE COMPANY

200003582802--8
-01/11/01--01049--021
***1058.75 *** 058.75

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301-2607

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: Patricia Pujats As its agent Date: 12/29/2000
REGISTERED AGENT MUST SIGN

CR2EG81 (9/98)

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
P/T/D	FRED HARVEY	7373 VANDERBILT BEACH ROAD EXTENSION	NAPLES, FL 34119
VP/S/D	ROBERT HARVEY	7373 VANDERBILT BEACH ROAD EXTENSION	NAPLES, FL 34119

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)(i), 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: Fred R Harvey Pres. 12.28.2000 941.352.5399 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #