

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 322283
Corporation Name LANGLEY FRUIT COMPANY INC.

2. Principal Office Address 400 N New York Ave, #209 Suite, Apt. #, etc. #209		3. Mailing Office Address P.O. Box 120188 Suite, Apt. #, etc.	
City & State Winter Park, FL 32789		City & State Clermont, FL 34712	
Zip 32789	Country Orange	Zip 34712	Country Lake

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	10/23/67
5. FEI Number 59-1199629	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	Richard H. Langley
Street Address (P.O. Box Number is Not Acceptable)	700 Almond Street
Suite, Apt. #, Etc.	
City	Clermont
State	FL
Zip Code	34711

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 *Richard H. Langley* Date January 13, 2004
REGISTERED AGENT MUST SIGN
Richard H. Langley

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
PD	A.E. Langley	1831 Bett Mar Lane	Winter Park, FL 32789
VP	Mary S. Langley	1831 Bett Mar Lane	Winter Park, FL 32789

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: *A.E. Langley* January 13, 2004 407-647-5335
A.E. Langley, President Date Daytime Phone #