

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # 429881

1. Corporation Name

OKUN PRODUCE INTERNATIONAL, INC.

Principal Place of Business

3301 N.W. 125 STREET
MIAMI FL 33167

Mailing Address

3301 N.W. 125 STREET
MIAMI FL 33167

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1973

5. FEI Number

59-1469638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VT	SUTHERLAND, ALLAN C Gerardo NUNN	3301 NW 125 ST.	MIAMI FL
D	STERNLIEB, EDWARD ROSS E. Roeder	3080 BRIKDALE 4700 S BOYLE AVE	MIAMI FL VERNON CA.
PD	PRIMROSE, MICHAEL	3301 NW 125 ST.	MIAMI FL 33167
S	ALVARADO, DONALD G	4700 S. BOYLE AVE.	VERNON CA

200003035812--9

11/05/99-01007-020

****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~Gerardo NUNN~~
~~SUTHERLAND, ALLAN C.~~
3301 N.W. 125 STREET
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gerardo NUNN

REGISTERED AGENT MUST SIGN

Date

10/18/99

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., 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)(l), 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:

Gerardo NUNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/99

Daytime Phone #