

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR -2 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 478048

1. Corporation Name

Coastal Tomato Growers Inc

W07000015252

2. Principal Office Address - No P.O. Box #

465 Dogwood Dr

3. Mailing Office Address

465 Dogwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAVANA, FL

City & State

HAVANA, FL

Zip

Country

Zip

Country

REINSTATEMENT 00-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/17/1975

5. FEI Number

59-1605709

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

Stephen A. Potkamba

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

465 Dogwood Drive

Suite, Apt. #, Etc.

City

HAVANA

State

FL

Zip Code

32333

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Stephen A. Potkamba*  
REGISTERED AGENT MUST SIGN

Date 3/30/07

**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/D	J. Kent Manley	4301 GULF SHORE DRIVE APT # 1004	Naples, FL 34103
VP/D	JEFFREY GARGULO	575 OAKVILLE CROSS RD	Napa, CA 94558
S/T/D	Stephen A Potkamba	465 Dogwood Drive	HAVANA, FL 32333
D	Glynda TANNER	5653 S.W. CR 751	Jasper, FL 32502

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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:

*Stephen A. Potkamba*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07 850-539-3663  
Date Daytime Phone #

20 4/5