

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 790507

1. Corporation Name

FLORIDA GIFT FRUIT SHIPPERS ASSOCIATION

Principal Place of Business

521 N KIRKMAN RD.
ORLANDO FL 32808

Mailing Address

521 N KIRKMAN RD.
ORLANDO FL 32808

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

03/23/1946

5. FEI Number

59-0549072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	CHAIRES, J PETER	457 CARDINAL OAKS CT	LAKE MARY FL 32746
VPD	BALL, JOSEPH E	142 W MAGNOLIA ST	GROVELAND FL
PD	HUDSON, JOHN B JR	1401 US HWY #1	VEDRO BEACH FL
D	AKOS, VIRGINIA	233 LINCOLNSHIRE RD	WINTER PARK FL
VP PD	BLOOD, JAMES	4800 LINTON BLVD.	DELRAY BCH. FL 33445
VP	Guedry, James	28009 State Rd 54 W	Wesley Chapel, FL 33543

8. Name and Address of Current Registered Agent

BALL, JOSEPH E.
6622 NIGHTWIND CIRCLE
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

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

Joseph E Ball

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)(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:

Joseph E Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E Ball

10/18/99

Date

(407) 522-1408

Daytime Phone #

FILED

99 NOV -8 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2040 (8/99)