

FILED

16 JAN -8 11:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F12000001579

1. Corporation Name

APIO, INC.

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

4575 West Main Street

State, Apt. #, etc.

City & State

Guadalupe, CA

Zip

93434

Country

US

3. Mailing Office Address

4575 West Main Street

Suite, Apt. #, etc.

City & State

Guadalupe, CA

Zip

93434

Country

US

700280819857

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

04/12/2012

5. FEI Number

77-0528042

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

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

1201 HAYS STREET

Suite, Apt. #, etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

M. Zender

Melissa Zender

Asst. Vice President

Date

01/8/16

REGISTERED AGENT MUST SIGN

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Ron Mldyett (COO), Greg Skinner (VP), Brian McLaughlin (CFO), Molly Hemmeter (S, D), and Nicholas Tompkins (D).

REINSTATEMENT 2013-2015

S. HAWKES

10. E-mail Address: cchen@landec.com

(To be used for future annual report notification)

JAN 8 - A.M.

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, and all taxes and fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Signature of officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/15


Date

650-261-3629

Daytime Phone #

EXAMINER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 797923 5167008  
AUTHORIZATION :   
COST LIMIT : \$ 1,200.00

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ORDER DATE : September 25, 2015  
ORDER TIME : 11:08 AM  
ORDER NO. : 797923-010  
CUSTOMER NO: 5167008

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REINSTATEMENT

NAME: APIO, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS \_\_\_\_\_