

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 JAN - 8 11:43

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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COO	Ron Mldyett	4575 West Main Street	Guadalupe, CA 93434
VP	Greg Skinner	4575 West Main Street	Guadalupe, CA 93434
CFO	Brian McLaughlin	4575 West Main Street	Guadalupe, CA 93434
S, D	Molly Hemmeter	4575 West Main Street	Guadalupe, CA 93434
D	Nicholas Tompkins	4575 West Main Street	Guadalupe, CA 93434

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 other obligations 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:

Doreen S. Shenne

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

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

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 _____