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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From: Attn: Michele Milligan
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 381-9982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
AMERICAN FRESH FRUITS CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F18585

1. Corporation Name

AMERICAN FRESH FRUITS CORPORATION

2010 REINSTATEMENT

CR2E081 (11/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
355 Alhambra Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1510	
City & State	City & State
Coral Gables, FL	
Zip / Country	Zip / Country
33134 / US	

4. Date Incorporated or Qualified To Do Business in Florida 02/06/1981

5. FEI Number 59-2055661 ☐ 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 Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.

Suite, Apt. #, etc.: 1500

City: Miami | State: FL | Zip Code: 33131

☐ 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: By: [signature] Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 03/02/2010

9. Name 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
TAS	Natalia Henao	355 Alhambra Circle, Suite 1510	Coral Gables, FL 33134
PCFO	Victor Henriquez	355 Alhambra Circle, Suite 1510	Coral Gables, FL 33134
S	Juan D. Trujillo	355 Alhambra Circle, Suite 1510	Coral Gables, FL 33134
VP	Santiago Martinez	355 Alhambra Circle, Suite 1510	Coral Gables, FL 33134

10. E-mail Address: Natalia.Henao@hanacol.com.co (to be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized 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. 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.

SIGNATURE: Natalia Henao 2/25/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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M. MILLIGAN
EXAMINER

MAR -4 2010