

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 5:42

DOCUMENT # f98000006237

1. Corporation Name

FRESH AMERICA FLORIDA

2. Principal Office Address

6600 LBS FRWY

Suite, Apt. #, etc.

180

City & State

DALLAS TX

Zip

75240

Country

USA

3. Mailing Office Address

257 AMBER STREET

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32503

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/22/96

5. FEI Number

742893046

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

TOMMY HICKS

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

257 AMBER STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

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

REGISTERED AGENT MUST SIGN

Date 10/10/00

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
PRES.	DAVID I SHEINFELD	42 DOWNS LAKE CR.	DALLAS TX 75230
DIR.	THOMAS M. HUBBARD	25826 HATTON RD.	CARMEL CA 93923
DIR.	LAWRENCE V. JACKSON	335 LAKEVIEW PL.	ALAMO CA 94507
CFO	JOHN H. GRAY	5913 GLEN HEATHER DR.	PLANO TX 75093
CEO	COLON WASHBURN	1005 BEAU TERRE	BENTONVILLE AR 72712
			<u>AD</u>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/00

Date

(469) 791-5724

Daytime Phone #

CR2E081 (9/99)