PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 MAY 29 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636822

1. Corporation Name
AG-MART PRODUCE INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3333 South Front Street | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Philadelphia, PA | City & State |
| Zip: 19148 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business In Florida: May 3, 1983

5. FEI Number: 59-2294847 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee Required

7. Name and Address of Current Registered Agent

REINSTATEMENT 00-01

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

700004325747--9
-05/29/01--01110--013
****900.00 ****900.00

City: Plantation State: FL Zip Code: 33324

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: [signature] Donna A. DiPietro Assistant Vice President
REGISTERED AGENT MUST SIGN

Date: May , 2001

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./ CEO | Christian Leleu | 15000 Old 41 North | Naples, FL 34110 |
| VP/CFO/ S/T | Michael Sullivan | 15000 Old 41 North | Naples, FL 34110 |
| VP | Vincent P. Haley | 1600 Market St., 37th Floor | Philadelphia, PA 19103 |
| Dir. | J.M. Procacci | 3333 S. Front Street | Philadelphia, PA 19148 |
| Dir. | Joseph Procacci | 3333 S. Front Street | Philadelphia, PA 19148 |
| | | | |

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] Vincent P. Haley, Vice President 5/25/01 (215) 751 2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #