PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 31 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #G46377 W96-25896

1. Corporation Name: Perry's Wholesale Produce, Inc.

Principal Place of Business: 4079 7th Terrace South, St Petersburg, Florida 33711

Mailing Address: P.O. Box 76216, St Petersburg, Florida 33734

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable: Suite, Apt #, etc; City & State; Zip; Country: Pinellas

3. New Mailing Address, if Applicable: Suite, Apt. #, etc; City & State; Zip; Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/83

5. FEI Number: 59-2411654 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee Required For a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Thomas H. Perry	1405 47th Avenue NE	St Petersburg, Florida 33703
V/S/D	Klyce M. Perry	1021 Monterey Blvd N.E.	St Petersburg, Florida 33704

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REINSTATEMENT / 996
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8. Name and Address of Current Registered Agent:
Thomas H. Perry
1405 47th Avenue NE
St Petersburg, Florida 33703

9. Name and Address of New Registered Agent:
Name: 12/31/96
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Thomas H. Perry — REGISTERED AGENT MUST SIGN — Date: 12-5-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Thomas H. Perry — Thomas H. Perry — 12-5-96 — 813-321-8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #