

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # G96101

1. Corporation Name

Orlando Tomato, Inc.

2. Principal Office Address - No P.O. Box #

777 E. Altamonte Dr.

Suite, Apt. #, etc.

Suite 203

City &amp; State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Office Address

129 Colfax Dr.

Suite, Apt. #, etc.

City &amp; State

Boiling Springs, SC

Zip

29316

Country

USA

7. Name and Address of Current Registered Agent

Name

Elliott Emerson

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

777 E. Altamonte Dr.

Suite, Apt. #, Etc.

Suite 203

City

Altamonte Springs

State

FL

Zip Code

32701

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 1/8/10

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
<u>PST</u>	<u>Turner, Don</u>	<u>129 Colfax Dr.</u>	<u>Boiling Springs, SC 29316</u>

10. E-mail Address: don@orlandotomato.com

(To be used for future annual report notification)

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, 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:

Don O. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/10

Date

(864) 573-9321

Daytime Phone #

FILED

10 JAN 11 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA600165746616  
01/11/10--01051--004 \*\*300.00REINSTATEMENT 09-10

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2392210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status☒ 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.

1/12/10