

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED AND FILED

1997 SEP 24 AM 8:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 477122

1. Corporation Name  
 ARTURO DE LEON FRUIT HARVESTING, INC.  
 W97-21326

Principal Place of Business Mailing Address  
 25700 S.W. 212th Avenue  
 Homestead, Florida 33031-1543

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

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

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 Sept. 14, 1985

5. FEI Number  
 59-2599284

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Arturo de Leon	25700 SW 212 Avenue	Homestead, FL 33031-1543
Secy Tre.	Hilda S. de Leon	25700 SW 212 Avenue	Homestead, FL 33031-1543

REINSTATEMENT

09-27  
 10/24/97

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent  
 Name: Ed WIEDER  
 Street Address (P.O. Box Number is Not Acceptable): 325 N. KROME AVE  
 Suite, Apt. #, Etc.:  
 City: HOMESTEAD  
 State: FL  
 Zip Code: 33030

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: Ed Wieder  
 REGISTERED AGENT MUST SIGN  
 Date: 9-9-97

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 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: Arturo de Leon  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 9/25/97  
 Daytime Phone #: (305) 248-6198

CR2EDM0 (12/96)