

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 575758

1. Corporation Name

CANTU CITRUS HARVESTING, INC

2. Principal Office Address

1145 Hull St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 652

Suite, Apt. #, etc.

City & State

LaBelle FL

City & State

LaBelle FL

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2847436

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

Noe Cantu

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

1145 Hull St.

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

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

Noe Cantu

Date

REGISTERED AGENT MUST SIGN

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
P	Noe Cantu	1145 Hull St.	LaBelle, FL 33935
VP	Marilu G. Cantu	1145 Hull St.	LaBelle, FL 33935
T	Marilu Cantu	1145 Hull St.	LaBelle, FL 33935

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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:

Noe Cantu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/04

Daytime Phone #

863-
675-
1659

CR2E081 (01/04)