

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001176

1. Limited Liability Company's Name

INTERNATIONAL FRUIT & VEGETABLE L.L.C.

2. Principal Office Address

@ 2410 15th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. Mailing Office Address

2410 15th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

USA

4. State/Country of Formation
Florida/US

**5. Date Organized or Qualified
To Do Business in Florida**

2/1/00

6. FEI Number

65-0980210

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Micheal Perry

400004653634-4

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

2410 15th Ave

-10/25/01--01072--002

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Stork, Brian D.	2410 15th Ave	Vero Beach, FL 32960

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)