PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
02 JUN 20 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

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

DOCUMENT # L00000004751

1. Limited Liability Company's Name

GRIMES PRODUCE COMPANY, LLC

REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
3137 PAUL BUCHMAN HWY	P.O. BOX 2367
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL	City & State: PLANT CITY, FL
Zip: 33565 Country: USA	Zip: 33564 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: APRIL 26, 2000

6. FEI Number: 59-3644251 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CHARLES G. GRIMES

Street Address (P.O. Box Number is Not Acceptable): 3929 N. WILDER RD.

Suite, Apt. #, Etc.:

City: PLANT CITY State: FL Zip Code: 33565

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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: Charles G Grimes Date: 06-19-02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	CHARLES G. GRIMES	3929 N. WILDER RD.	PLANT CITY, FL 33565
MGR	BETTY J. GRIMES	3929 N. WILDER RD.	PLANT CITY, FL 33565
MGR	CHARLES G. GRIMES, JR.	4404 W. KNIGHTS GRIFFIN RD	PLANT CITY, FL 33565
MGR	DEBORAH GRIMES	4404 W. KNIGHTS GRIFFIN RD	PLANT CITY, FL 33565

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: Charles G Grimes Date: 06-19-02 Daytime Phone #: 813-707-8813

Typed or printed name of signing Managing Member/Manager: CHARLES G. GRIMES