

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

07 DEC -4 AM 11:51

**1. Limited Liability Company's Name**

# Produce Procurement, LLC

CR2E041 (1/07)

**2. Principal Office Address - No P.O. Box #**  
**17777 SW 285 Street**

**3. Mailing Office Address**  
17777 SW 285 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Homestead, FL

City & State  
Homestead, FL

Zip  
33030

Country  
USA

Zip  
33030

Country  
USA

State/Country of Formation  
**Florida**

**5. Date Organized or Qualified To Do Business in Florida** 04/01/2005

6 FEI Number  
50-0539369

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 **Raul E. Pastran**

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

333 NE 8 Street

Suite, Apt. #, Etc.

City  
HomesteadState  
FI

Zip Code  
33030

☐ A \$100 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 \$100 reinstatement be waived.

**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

Date 11/28/07

~~REGISTERED AGENT MUST SIGN~~

**10. Names and Street Addresses of Managing Members/Managers**

[illegible]

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 11/29/07

Daytime Phone # 305-247-0900

Typed or printed name of signing Managing Member/Manager

Thomas M. Torbert Jr.