

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 12 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L19404

**1. Corporation Name**

FRESH CUT, INC.

**2. Principal Office Address**

P O Box 968

Suite, Apt. #, etc.

City & State

Crescent City, Fl.

Zip

32112

Country

USA

**3. Mailing Office Address**

P O Box 968

Suite, Apt. #, etc.

City & State

Crescent City, Fl.

Zip

32112

Country

USA

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/28/1989

**SP**

**5. FEI Number**

59-2969946

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

John R. Newbold, III

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

610 Old Highway 17

Suite, Apt. #, Etc.

City

Crescent City

State

FL

Zip Code

32112

600003744876-2  
-02/21/01--01035--010  
\*\*\*\*900.00 \*\*\*\*900.00

**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

*John R. Newbold III*  
REGISTERED AGENT MUST SIGN

Date 02/02/01

**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	John R. Newbold III	610 Old Highway 17	Crescent City, Fl 32112
VP	Kramer Austin, Jr.	532 Grand View St.	Mt. Dora, Fl. 32757
S/T	Anne Guenther	2055 Overlook Dr.	Mt. Dora, Fl 32757
D	Michael Austin	11579 Lake View Dr.	Leesburg, Fl 34788

**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:**

*John R. Newbold III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01

Date

904-698-1074

Daytime Phone #

CR2E081 (9/00)