

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC -5 PM 2:35

DOCUMENT # **L44587**

1. Corporation Name

**LANTANA MANGO AND ORANGE FARM INC.**

Principal Place of Business

Mailing Address

6300 HIGH RIDGE RD  
 LAKE WORTH FL 33462

6300 HIGH RIDGE RD  
 LAKE WORTH FL 33462



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1990

~~5823 VISTA LINDA LANE~~  
 Suite, Apt. #, etc.

~~5823 VISTA LINDA LANE~~  
 Suite, Apt. #, etc.

5. FEI Number

65-0246055

Applied For

Not Applicable

City & State  
~~Boca Raton, FL~~

City & State  
~~Boca Raton, FL~~

Zip  
~~33433~~

Country  
~~US~~

Zip  
~~33433~~

Country  
~~US~~

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	<del>TSIOTIS, PAUL</del>	<del>1051 N. POWERLINE ROAD</del>	<del>POMPANO BEACH FL</del>
D	GEORGE TSIOTIS	5823 VISTA LINDA LANE BOCA RATON, FL 33433	BOCA RATON FL 800004724448--0 -12/13/01--01019--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSIOTIS, PAUL  
 1951 N. POWERLINE ROAD  
 POMPANO BEACH FL

Name  
**Jerome L Rosen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1780 N. UNIVERSITY DR. #201**  
 Suite, Apt. #, Etc.  
**AMARAC**  
 City  
**AMARAC** State  
**FL** Zip Code  
**33321**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/3/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

12/3/01 561 3940817

CR2040 (6/01)