

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 FEB -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018281

1. Corporation Name S & S Harvesting Services, Inc.

REINSTATEMENT 02-04

500028058495
02/02/04--01092--026 **1050.00

2. Principal Office Address
3602 Cresta Court

Suite, Apt. #, etc.

City & State
Ruskin, Florida

Zip 33570
Country Hillsborough

3. Mailing Office Address
P. O. Box 357

Suite, Apt. #, etc.

City & State
Ruskin, Florida

Zip 33575
Country Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/17/2000

5. FEI Number 59-7171256
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

Charles W. Stump, III

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

3602 Cresta Court

Suite, Apt. #, Etc.

City

Ruskin,

State
FL

Zip Code
33570

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**

Charles W. Stump, III

Date 1/22/04

REGISTERED AGENT MUST SIGN

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
Pres/ VP/Tr/Sec	Charles W. Stump, III	3602 Cresta Court	Ruskin, FL 33570

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:

Charles W. Stump, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

813-633-0517

Daytime Phone #

CR2E081 (9/01)