

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAR 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000026128*

1. Corporation Name

Margie Hooper Harvesting Inc.

2. Principal Office Address

1509 Indiana Ave

Suite, Apt. #, etc.

City & State

Ft. Pierce FLA

Zip

34950 St Lucie

Country

3. Mailing Office Address

1509 Indiana Ave

Suite, Apt. #, etc.

City & State

Ft. Pierce FLA

Zip

34950 St Lucie

Country

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

4-2000

5. FEI Number

65-0993653

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

Margie Hooper

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

1509 Indiana Ave.

Suite, Apt. #, Etc.

City

Ft. Pierce

600005397046-7

05/01/02 01019 025

*****900.00 ****900.00*

State

FL

Zip Code

34950

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

Margie Hooper

REGISTERED AGENT MUST SIGN

Date *3-25-02*

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
<i>President</i>	<i>Margie Hooper</i>	<i>1509 Indiana Ave.</i>	<i>Ft. Pierce, FL 34950</i>

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:

Margie Hooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

(772) 464-9843

Daytime Phone #

CR2E081 (9/01)