

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 11 AM 8:28

DOCUMENT # P00000053510

1. Corporation Name

TOMATOES PLUS, INC.

900243569429
01/11/13--01027--003 **1200.00

2. Principal Office Address - No P.O. Box #

100 MADISON AVE. E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1648

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

City & State

IMMOKALEE, FL

Zip

34142

Country

USA

Zip

34143

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/2000

5. FEI Number

65-1014818

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

JUAN ACEVEDO

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

100 MADISON AVE.

Suite, Apt. #, Etc.

City

IMMOKALEE

State

FL

Zip Code

34142

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

Juan Acevedo

REGISTERED AGENT MUST SIGN

Date 1/8/13

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
PST	JUAN R. ACEVEDO	P.O. BOX 1648	IMMOKALEE, FL 34142

10. E-mail Address: ALIACE93@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Juan Acevedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/13

Date

Daytime Phone #