

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00 000092002

1. Corporation Name

Ochoa Harvester, Inc.

200008476712--6

-10/21/02--01051--001

****300.00 ****300.00

2. Principal Office Address

2010 Crescent Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2010 Crescent Rd.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/2000

5. FEI Number

59-3676032

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

Amparo, Rangel

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

2010 Crescent Rd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Amparo Rangel

REGISTERED AGENT MUST SIGN

Date 10/17/02

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
P	Luis Ochoa	2010-Crescent-Rd.	Clermont, FL 34711
D	Amparo Rangel	2010 Crescent Rd.	Clermont, FL 34711

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/02 352516-1194

Date

Daytime Phone #

CR2E081 (9/01)