

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 NOV -8 PH 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000101668

**1. Corporation Name**

Summer Fresh Farms, Inc.

**2. Principal Office Address**

1255 W. Atlantic Blvd.

Suite, Apt. #, etc.

#C9

City & State

Pompano Beach, FL

Zip

33069

Country

USA

**3. Mailing Office Address**

1255 W. Atlantic Blvd.

Suite, Apt. #, etc.

#C9

City & State

Pompano Beach, FL

Zip

33069

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/27/00

**5. FEI Number**

65-1052793

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

Andrew James Johnston

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

2335 East Atlantic Blvd.

Suite, Apt. #, Etc.

Suite 301

City

Pompano Beach

State  
**FL**

Zip Code

33062

**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

*[Signature]*

Date 11/06/01

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
P/S/T	Sean Lagasse, Sr.	1255 W. Atlantic Blvd. #C9	Pompano Beach, FL 33069

**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

Date

11/6/01

Daytime Phone #

954-783-0515

CR2E001 (9/00)