

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 14 PM 12:53

DOCUMENT # 800000102060

1. Corporation Name

GARDUNO HARVESTING INC

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

639 GREEN ST

3. Mailing Office Address

PO BOX 1293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAUCHULA

City & State

BOWLING GREEN

Zip

33873

Country

HARDEE

Zip

33834

Country

HARDEE

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

59-3680529

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

ENRIQUE GARDUNO

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

639 GREEN ST

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X Enrique Garduno

REGISTERED AGENT MUST SIGN

Date 01/12/09

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
PD	GARDUNO, ENRIQUE	639 GREEN ST	WAUCHULA FL 33873
D	LOZANO, CRISTINO	639 GREEN ST	WAUCHULA FL 33873

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B-1/22/09

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 contained in Chapter 119, 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:

X Enrique Garduno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/09 863-773-2637

Date

Daytime Phone #