

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 29 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1000000107097

1. Corporation Name

A-E-J Citrus Harvesting, Inc

REINSTATEMENT 01-04

2. Principal Office Address

5117 Perch Place

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2173

Suite, Apt. #, etc.

City & State

Immokalee FL

Zip 34142 Country Collier

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Immokalee FL

Zip 34143 Country Collier

200034394922

04/28/04--01026--029 **1200.00

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

11/14/00

5. FEI Number

59-3685024

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

Atanasio Rodriguez

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

5117 Perch Place

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

Atanasio Rodriguez
REGISTERED AGENT MUST SIGN

Date

3-18-04

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
PSTO	Atanasio Rodriguez	5117 Perch Place	Immokalee FL 34142
MD	Javier Rodriguez	1402 Lightner Lane	Immokalee FL 34142

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:

Atanasio Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-18-04

Daytime Phone #

CP2E081 (01/04)