CORPORATION REINSTATEMENT

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

FILED

04 SEP -9 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108204

1. Corporation Name

El Batey Produce Corporation

REINSTATEMENT 03-04

MRD

2. Principal Office Address 19320 NW 45 ave	**3.** Mailing Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State FL
Zip 33055	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11-17-00

5. FEI Number 65-1056787 | 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 GEOMARIS MALAGON

Street Address (P.O. Box Number is Not Acceptable) 19320 NW 45 ave

Suite, Apt. #, Etc.

City MIAMI

State FL | Zip Code 33055

000041129910
09/17/04--01079--012 **900.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	GEOMARIS MALAGON	19320 NW 45 AVE.	MIAMI FL 33055
VP	Rolando Hernandez	19320 NW 45 ove.	Miami FL 33055
T	Juan M. Martinez	10835 SW 88 ST Apt 1217	Miami FL 33176

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #