PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State of DIVISION OF CORPORATIONS

DOCUMENT # **P00000111602**

1. Corporation Name

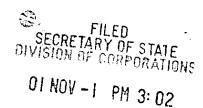
HERB'S PRODUCE TRADING, INC.

Principal Place of Business

Mailing Address

21404 CYPRESS HAMMOCK DR. #45E BOCA RATON FL 33428 21404 CYPRESS HAMMOCK DR., #45E

BOCA RATON FL 33428



					and enter correction below			
				New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 12/05/2000 5. FEI Number Applied For	
				Zip Country Zi		Zip	Zip Country	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (F	lorida nonpro	fit corporations must list at	least 3 directors)		
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
D	GOODMAN, HERBERT			21404 CYPRESS HAMMOCK-DR:		R.; #45E	BOCA RATON FL 33428	
		70000 7				7.0	00046987072 -11/29/0101063009 ****150.00 ****150.00	
ė								
-								
8. Name and Address of Current Registered Agent BERNSTEIN, ALAN ESQ 4869-4 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417					9. Name and Address of New Registered Agent Name			
					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
WE91		n rL 3341/			City		State Zip Code	

11. 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 filling 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

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

10/30/01

Daytime Phone #

HERB'S PRODUCE TRADING, INC.

21404 CYPRESS HAMMOCK DR **BOCA RATON, FL 33428** Phone (732) 842-8618 Fax (732)224-9290

October 25, 2001

Division of Corporations Annual Report / Reinstatement Section Po Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I just received a "Notice of Administrative Dissolution or Revocation", I have not received any previous notices to this one. I'm enclosing a check for \$150.00 for reinstatement. Any questions please contact me at (732) 842-8618. erbet Down

Herb Goodman