

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -1 PM 3:02

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOODMAN, HERBERT	21404 CYPRESS HAMMOCK DR., #45E	BOCA RATON FL 33428

700004698707--2  
-11/29/01--01063--009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, ALAN ESQ  
4869-4 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

REGISTERED AGENT MUST SIGN

Date

10/30/01

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 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 #

10/30/01

AD

CR2040 (8/01)

# 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.

Thank you,

A handwritten signature in black ink that reads "Herbert Goodman". The signature is written in a cursive, flowing style.

Herb Goodman