PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010413

1. Corporation Name
Sunrise Harvesting, Inc

REINSTATEMENT 02-03
700014412067
04/08/03--01007--006 **150.00

2. Principal Office Address	3. Mailing Office Address
7471 NW CR 152	PO Box 155
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jennings, Florida	City & State: Jennings, Florida
Zip: 32053 Country: USA	Zip: 32053 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Jan. 26, 2001

5. FEI Number: 59-3699448 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Alejandro Navarro

Street Address (P.O. Box Number is Not Acceptable): 7471 N W C R 152

700014412067
03/20/03--01048--021 **750.00

Suite, Apt. #, Etc.

City: Jennings, State: FL Zip Code: 32053

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: 3/18/03
REGISTERED AGENT MUST SIGN

CR2E041 (12/02)

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	Alejandro Navarro	7471 NW CR 152	Jennings, FL 32053
S/T	Armandina Navarro	7471 NW CR 152	Jennings, FL 32053

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: Armandina Navarro — Armandina Navarro — 3/18/03 — (239) 872-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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