

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000024988

1. Entity Name
SIMPLY FRESH FRUIT OF FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 PM 3:29

REINSTATEMENT 05



Principal Place of Business
4383 EXCHANGE AVE
LOS ANGELES, CA 90058

Mailing Address
4383 EXCHANGE AVE
LOS ANGELES, CA 90058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262005

REIN-P

CR2E098 (6/04)

4. FBI Number
95-4849470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hywel Leonard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Nov 30, 2005

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SANDER, WILLIAM
STREET ADDRESS 4383 EXCHANGE AVE
CITY-ST-ZIP LOS ANGELES, CA 90058

TITLE D ☐ Delete
NAME PERRICONE, SAM
STREET ADDRESS 4383 EXCHANGE AVE
CITY-ST-ZIP LOS ANGELES, CA 90058

TITLE D ☐ Delete
NAME GOLUB, PAUL
STREET ADDRESS 16055 VENTURA BLVD
CITY-ST-ZIP ENCINO, CA 91436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Sander WILLIAM T. SANDER 10-26-05 (223) 586-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #