

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1:00

DOCUMENT # P01000040488

1. Corporation Name

FRESH HARVEST I/E INTL. INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900009677879
12/24/02--01064--005 **150.00

Principal Place of Business

340 SOUTH EAST MIZNER BLVD., #1304
BOCA RATON FL 33432

Mailing Address

340 SOUTH EAST MIZNER BLVD., #1304
BOCA RATON FL 33432



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2001

5. FEI Number

Applied For

Not Applicable

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
P	ELLIS, GEORGE	340 SOUTH EAST MIZNER BLVD., #13	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

ELLIS, GEORGE
340 SOUTH EAST MIZNER BLVD., #1304
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/20/02

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 #

12/20/02 X488-8685

CR2E040 (8/02)

Fresh Harvest I/E International, Inc.

340 South East Mizner Blvd, Suite 1304
Boca Raton, Florida 33432
Telephone: (954) 941-7776
Fax: (954) 941-6933

December 17, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Fresh Harvest I/E International, Inc. - Reinstatement of Corporation

Gentlemen:

Please be advised that we have never received the prior Uniform Business Report notices for renewal of our annual report for the above referenced corporation as the business relocated to a new address.

We respectfully request waiver of any penalties that may be assessed related to the reinstatement. Enclosed please find a check in the amount of \$150.00 in addition to the application for reinstatement.

Sincerely,



George Ellis
President