

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB 18 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068101

1. Corporation Name

RAMIREZ HARVESTING, INC.

Principal Place of Business

90 HOWE AVE
LABELLE FL 33975

Mailing Address

P.O. BOX 1820
LABELLE FL 33975

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

2. New Principal Office Address, If Applicable

930 Case Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

930 Case Road

Suite, Apt. #, etc.

City & State

LaBelle, FL 33935

City & State

LaBelle, FL 33935

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2001

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
DPST XXX	RAMIREZ, AMANDO XXXXXXXXXX	930 WHIDDEN RD XXXXXXXXXX	LaBelle FL 33935 XXXXXXXXXX
DPST	Ramirez, Amando	930 Case Road	LaBelle, FL 33935

100012604121
02/18/03--01017--012 **900.00

8. Name and Address of Current Registered Agent

LUCKEY, OWEN L JR
90 HOWE AVE
LABELLE FL 33975

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 Feb. 10, 2003

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 #

CR2040 (8/02)