


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="transform: rotate(90deg); transform-origin: right top;">04 NOV 29 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED</div>																									
DOCUMENT # P01000102540																													
1. Corporation Name VICENTE SANCHEZ PRODUCE FARM INC. 14850 SW 280 STREET P.O. BOX 343732																													
2. Principal Office Address 14850 SW 280 STREET Suite, Apt. #, etc. 1304 City & State HOMESTEAD, FLORIDA Zip 33032		3. Mailing Office Address P.O. BOX 343732 Suite, Apt. #, etc. City & State FLORIDA CITY, FLORIDA Zip 33034		4. Date incorporated or Qualified To Do Business in Florida 10/23/01 5. FEI Number 65-1145602 <div style="float: right;">Applied For Not Applicable</div> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name SANCHEZ, VICENTE</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 37903 SW 194 Ct</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. # 3024</td></tr><tr><td>City FLORIDA CITY</td><td>State FL</td></tr><tr><td colspan="2">Zip Code 33034</td></tr></table>						Name SANCHEZ, VICENTE		Street Address (P.O. Box Number is Not Acceptable) 37903 SW 194 Ct		Suite, Apt. #, Etc. # 3024		City FLORIDA CITY	State FL	Zip Code 33034															
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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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Signature of Registered Agent <i>Vicente Sanchez MTZ</i></td><td>Date 10/25/2004</td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>						Signature of Registered Agent <i>Vicente Sanchez MTZ</i>	Date 10/25/2004																						
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>SANCHEZ, VICENTE</td><td>P.O. BOX 343732</td><td>FLORIDA CITY, FL 33034</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="3"> </td><td style="text-align: right;">600042314316 10/29/04--01053--010 **150.00</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	SANCHEZ, VICENTE	P.O. BOX 343732	FLORIDA CITY, FL 33034																600042314316 10/29/04--01053--010 **150.00
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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: <i>Vicente Sanchez MTZ</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10/25/2004 Date Daytime Phone #																									

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Miami, Florida
October 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P01000102540
VICENTE SANCHEZ PRODUCE FARM INC.
P.O. BOX 343732
FLORIDA CITY, FL 33034

To Whom It May Concern:

Upon our conversation, I am enclosing the 2004 Corporation Annual Report form after due date (05/01/2004) due to the fact that I never received such notice to file. Enclose is a payment of \$150.00 dollars per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

Vicente Sanchez
VICENTE SANCHEZ
PRESIDENT
