

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 21 AM 8:00

DOCUMENT # PO2000012378

1. Corporation Name

MAKO Produce Inc

2. Principal Office Address

950 Ashton Oaks Circle

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

POK

3. Mailing Office Address

950 Ashton Oaks Circle

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

POK

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/02

5. FEI Number

27-0000756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dwight L. Royal

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

950 Ashton Oaks C

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Dwight L. Royal
REGISTERED AGENT MUST SIGN

Date

5/16/04

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
<u>P</u>	<u>Dwight L. Royal</u>	<u>950 Ashton Oaks Circle</u>	<u>Lakeland, FL 33813</u>
<u>T/S</u>	<u>Jennifer E Royal</u>	<u>950 Ashton Oaks Circle</u>	<u>Lakeland, FL 33813</u>

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:

Jennifer E Royal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

(863) 646 6353
Daytime Phone #

CR2E081 (01/04)