

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000065320

1. Corporation Name

MARY MARY PRODUCE, IN

2. Principal Office Address
14420 SW 296TH ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

City & State

Zip
33033

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 06/12/2002

5. FEI Number
72-1527786

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
OSVANY RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
14420 SW 296TH ST

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33033

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

Osmany Rodriguez
REGISTERED AGENT MUST SIGN

Date 02/18/2004

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
PD	OSVANY RODRIGUEZ	14420 SW 296TH ST	HOMESTEAD, FL 33033
S	MARIA RODRIGUEZ	14420 SW 296TH ST	HOMESTEAD, FL 33033

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:

Osmany Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2004

Date

305-248-2935

Daytime Phone #

CR2E081 (07/04)

February 23, 2004

Re: Mary Mary Produce, Inc

I request reinstatement of my corporation the reason that the annual report was not file is because I never received any letter.


Osvany Rodriguez