

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108147**

1. Corporation Name

FRUTA FRESCA CORP.

Principal Place of Business

5900 S DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

5900 S DIXIE HWY
WEST PALM BEACH FL 33405

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

10/07/2002

5. FEI Number

14-1851658

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	CELIS, ELKIN	1117 OLIVE TREE CIRCLE	WEST PALM BEACH FL 33413
V	URIBE, JORGE	2060 E BOND DR	WEST PALM BEACH FL 33415

800023956658

10/20/03--01057--006 **150.00

8. Name and Address of Current Registered Agent

CELIS, ELKIN
5900 S DIXIE HWY
WEST PALM BEACH FL 33405

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct 14-03

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:

JORGE URIBE VICE-PRESIDENT Oct 14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 585-1515

CR2E040 (7/03)

October 14th, 2003

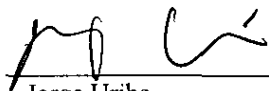
TO WHOM IT MAY CONCERN

This letter is to inform that we have not received a form for renew

Our Corporation named FRUTA FRESCA CORP. Document #

PO2000108147 EIN #14-1851658 and we want to reinstate it

Yours very truly,

A handwritten signature in black ink, appearing to be 'Jorge Uribe', written over a horizontal line.

Jorge Uribe
Vice-President.