

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 16 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002709

1. Corporation Name

GREG MOLIS PRODUCE, INC.

400131363674
06/16/08--01049--020 **750.00

2. Principal Office Address - No P.O. Box #

132 NEW BRITON COURT

Suite, Apt. #, etc.

3. Mailing Office Address

132 NEW BRITON COURT

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34212-9367

Country

USA

Zip

34212-9367

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

36-4465531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions Page required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREG MOLIS

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

132 NEW BRITON COURT

Suite, Apt. #, Etc.

City

BRADENTON, FL

State

FL

Zip Code

34212-9367

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **6/12/08**

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
PRES	GREGORY J. MOLIS	132 NEW BRITON COURT	BRADENTON, FL 34212-9367
SEC	NANCY M. MOLIS	132 NEW BRITON COURT	BRADENTON, FL 34212-9367

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 contained in Chapter 119, 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

6/12/08

Date

941-744-5981

Daytime Phone #