

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 JUN -6 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



24-05

01172005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000106892	
1. Entity Name ARMIGO BROTHERS PRODUCE, INC.	



Principal Place of Business P.O. BOX 223 MANGO, FL 33550 US	Mailing Address P.O. BOX 223 MANGO, FL 33550 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
GOLDBERG LAW GROUP, PA 133 FIRST STREET NORTH 2 SAINT PETERSBURG, FL 33701	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ARMIGO, JOSE D
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	VP,S
NAME	ARMIGO, MELISSA
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE	DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Melisa Armijo	

4. FEI Number	Applied For
200345574	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$900.00	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Melisa Armijo	

813 478-0965