

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106892

1. Entity Name
ARMIJO BROTHERS PRODUCE, INC.



FILED

09 MAR -2 AM 9:11

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business
3322 BENNETT ACRES PL
DOVER, FL 33527 US

Mailing Address
P.O. BOX 223
MANGO, FL 33550 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
20-0345574

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG LAW GROUP, PA
133 FIRST STREET NORTH
2
SAINT PETERSBURG, FL 33701

Name
Johnnie B. BYRD, Jr.

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

206 N. COLLINS ST.

City
PLANT CITY

FL

Zip Code
33563

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 *Johnnie B. Byrd, Jr.*
Signature, typed or printed name of registered agent and use if applicable

Johnnie B. Byrd, Jr.
(NOTE: Registered Agent signature required when reinstating)

2-24-09
DATE

FILE NOW!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARMIJO, JOSE D
3322 BENNETT ACRES PLACE
DOVER, FL 33527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,S
ARMIJO, MELISSA
3322 BENNETT ACRES PLACE
DOVER, FL 33527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100144766411
03/02/09--01004--019 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100144766411
03/02/09--01004--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 duties like empowered.

SIGNATURE:

Melissa Armijs, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #