

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 16 AM 10:25

DOCUMENT # P03000108357

1. Corporation Name

A & D Harvesting, INC

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

4016 Teak Lane

Suite, Apt. #, etc.

City & State

Lafayette, FL

Zip Country

33975 U.S.

3. Mailing Office Address

1506 Edward Ave

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip Country

33972 U.S.

400123774424
04/17/08--01003--015 **1050.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2398192

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

Aroldo Lozano

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

1506 Edward Ave

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33972

☐ 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

Aroldo Lozano

Date 4/14/08

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|------------------------|
| D | Lozano, Aroldo | 1506 Edward Ave | Lehigh Acres, FL 33972 |
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4/17/08

REINSTATEMENT 06-08

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:

Aroldo Lozano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

Daytime Phone #