

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 16 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132750 1. Entity Name GUZMAN'Z PRODUCE INC	
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Principal Place of Business 3004 JAP TUCKER ROAD PLANT CITY, FL 33566	Mailing Address 3004 JAP TUCKER ROAD PLANT CITY, FL 33566
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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REINSTATEMENT 07

6. Name and Address of Current Registered Agent TREJO, LUIS A 14644 MLK JR BLVD DOVER, FL 33527		4. FEI Number 20-0384041	Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PD GUZMAN, NANCY <input type="checkbox"/> Delete
NAME	3004 JAP TUCKER ROAD
STREET ADDRESS	PLANT CITY, FL 33566
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete
NAME	GUZMAN, EVENCIO
STREET ADDRESS	3004 JAP TUCKER ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	TR <input type="checkbox"/> Delete
NAME	GUZMAN, ERNESTINA
STREET ADDRESS	3004 JAP TUCKER ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	SC <input type="checkbox"/> Delete
NAME	GUZMAN, CLAUDIA
STREET ADDRESS	3004 JAP TUCKER ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	 <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	 <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400110861274 10/16/07--01052--009 **150.00
CITY-ST-ZIP	
TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 other like empowered.

SIGNATURE: 10/8/07 (813) 478-9219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17