

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
w06000013019

FILED  
06 NOV -5 PM 12:50  
FLA

DOCUMENT # P04000000855

1. Corporation Name

S. ALVARADO HARVESTING, INC.

2. Principal Office Address

134 JOHN STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FROSTPROOF, FL

City & State

Zip  
33843

Country  
USA

Zip

Country

**REINSTATEMENT**  
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0622976

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

SILVANO ALVARADO, JR.

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

134 JOHN STREET

Suite, Apt. #, Etc.

City

FROSTPROOF

State  
FL

Zip Code  
33843

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

*Silvano Alvarado Jr.*  
REGISTERED AGENT MUST SIGN

Date 11/03/06

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
PD	ALVARADO, SILVANO JR	134 JOHN STREET	FROSTPROOF, FL 33843
STD	ALVARADO, SANDRA G	134 JOHN STREET	FROSTPROOF, FL 33843

900081540999  
11/06/06--01030--022 \*\*1500.00

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:

*Silvano Alvarado Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/06 863-528-1952  
Date Daytime Phone #