


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 11 PM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000145003

1. Corporation Name

V. Valencia Harvesting, Inc.

2. Principal Office Address

290 Old Bowling Green Rd.  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1105  
Suite, Apt. #, etc.

City & State

Bowling Green, FL

City & State

Bowling Green, FL

Zip

33834

Country

Polk

Zip

33834

Country

Hardee

05-03-05 90100 009 \$150.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/04

5. FEI Number

2017091004

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

Victor Valencia

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

290 Old Bowling Green Rd.

Suite, Apt. #, Etc.

City

Bowling Green

State  
FL

Zip Code

33834

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

*Victor Valencia*

Date 12/02/06

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
P	Victor Valencia	290 Old Bowling Green Rd.	Bowling Green, FL 33834

000082435450  
12/11/06--01025--005 \*\*758.75

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:

*Victor Valencia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/06 (828)606-1043

Date

Daytime Phone #