

2006 FOR PROFIT CORPORATION REINSTATEMENT

04-21-2006 90112 028 300.00
P04000161004

DOCUMENT # P04000161004 1. Entity Name JIMENA PRODUCE, INC.					
Principal Place of Business 2151 NW 13TH AVE - BAY 15 1/2 MIAMI, FL 33142			Mailing Address 2151 NW 13TH AVE - BAY 15 1/2 MIAMI, FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3105451	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, BERTA J 2151 NW 13TH AVE - BAY 15 1/2 MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERNANDEZ, BERTA J 2151 NW 13TH AVE - BAY 15 1/2 MIAMI, FL 33142	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, BERTA J 2151 NW 13TH AVE - BAY 15 1/2 MIAMI, FL 33142	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ Signature, typed or printed name of signing officer or director				Date: 4-11-06 305-5457789 Daytime Phone	

FILED

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