



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000000260</b> 1. Entity Name <b>PETE ANDOLINA PRODUCE SALES, INC.</b>						<b>FILED</b> 06 APR 18 PM 12:13		
Principal Place of Business <b>11210 LOXAHATCHEE ROAD BOCA RATON, FL 33428 US</b>			Mailing Address <del>11210 LOXAHATCHEE ROAD BOCA RATON, FL 33428 US</del>					
2. Principal Place of Business		3. Mailing Address <b>12345 Equine Lane</b>			03142006 REIN-P CR2E098 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number <b>20-2112802</b>			
City & State		City & State <b>Wellington, FL</b>			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
Zip		Country		Zip <b>33414</b>		Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required								
<b>6. Name and Address of Current Registered Agent</b> <b>ANDOLINA, PETE 11210 LOXAHATCHEE ROAD BOCA RATON, FL 33428</b>				<b>7. Name and Address of New Registered Agent</b>				
<b>12345 Equine Lane Wellington, FL 33414</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE: P,S NAME: ANDOLINA, PETE <input type="checkbox"/> Delete STREET ADDRESS: <del>11210 LOXAHATCHEE ROAD</del> <b>12345 Equine Lane</b> CITY-ST-ZIP: <del>BOCA RATON, FL 33428</del> <b>Wellington, FL 33414</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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.								
<b>SIGNATURE:</b> <i>x Pete Andolina</i> <b>Pete Andolina Pres.</b> <i>x 2-27-06 561-852-0356</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>								