2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000000260

1. Entity Name
PETE ANDOLINA PRODUCE SALES, INC.

FILED
06 APR 18 PM 12:10

Principal Place of Business	Mailing Address
11210 LOXAHATCHEE ROAD BOCA RATON, FL 33428 US	~~11210 LOXAHATCHEE ROAD~~ ~~BOCA RATON, FL 33428 US~~

03142006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	12345 Equine Lane Suite, Apt. #, etc.
City & State	City & State: Wellington, FL
Zip / Country	Zip: 33414 / Country

4. FEI Number: 20-2112802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDOLINA, PETE ~~11210 LOXAHATCHEE ROAD~~ 12345 Equine Lane ~~BOCA RATON, FL 33428~~ Wellington, FL 33414	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 _____ DATE
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	P,S ANDOLINA, PETE ~~11210 LOXAHATCHEE ROAD~~ 12345 Equine Lane ~~BOCA RATON, FL 33428~~ Wellington, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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600073720346
05/02/06 01044 015 **300.00

REINSTATEMENT

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: X Pete Andolina Pres. 4-27-06 561-852-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #