

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 15, 2006 8:00 A.M.
Secretary of State

REINSTATEMENT 060

CR2E081 (12/05)

DOCUMENT # **Q05000025841**

1. Corporation Name

Felda Tomato Growers, Inc.

2. Principal Office Address

604 Glades St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 5240

Suite, Apt. #, etc.

City & State

Immokalee, FL

Zip

34142

Country

USA

City & State

Immokalee, FL

Zip

34143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2194103

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

Willie Strickland, Jr.

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

604 Glades Street

Suite, Apt. #, Etc.

City

Immokalee

State

FL

Zip Code

34142

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

Date **11-08-2006**

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
D	Willie H Strickland, Jr.	604 Glades St	Immokalee, FL 34142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2006

Date

239-825-2788

Daytime Phone #

XC 11/15