

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000091272

Entity Name: GARY NUNEZ PRODUCE INC.

**FILED**  
**Oct 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1701 IMMOKALEE DRIVE  
IMMOKALEE, FL 34142 US

**New Principal Place of Business:**

**Current Mailing Address:**

1701 IMMOKALEE DRIVE  
IMMOKALEE, FL 34142 US

**New Mailing Address:**

FEI Number: 20-3195401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NUNEZ, GARY  
1701 IMMOKALEE DRIVE  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GARY NUNEZ

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NUNEZ, GARY  
Address: 1701 IMMOKALEE DRIVE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: STV ( ) Delete  
Name: NUNEZ, LUCINDA  
Address: 1701 IMMOKALEE DRIVE  
City-St-Zip: IMMOKALEE, FL 34142 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCINDA NUNEZ

STV

10/07/2006

Electronic Signature of Signing Officer or Director

Date