


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07A  **FLORIDA DEPARTMENT OF STATE**
REINSTATEMENT Secretary of State
 DIVISION OF CORPORATIONS

FILED
 07 MAY 24 AM 10:17
 TALLAHASSEE, FLORIDA

DOCUMENT # P06000136023

1. Corporation Name
 LA Pergola Processing Inc.

2. Principal Office Address - No P.O. Box # 111 66th Ave W Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State	
Zip 34207	Country USA	Zip	Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 10/26/06

5. FEI Number 205775181 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 BETH A. LA PERGOLA

Street Address (P.O. Box Number is Not Acceptable)
111 66th Ave W

Suite, Apt. #, Etc.

City Bradenton State FL Zip Code 34207

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Beth A. LaPergola Date 5-10-07
 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
Pres.	Beth A. LaPergola	111 66th Ave W.	Bradenton, FL 34207
	<i>[Signature]</i>		

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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: Beth A. LaPergola Date 5/10/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #