
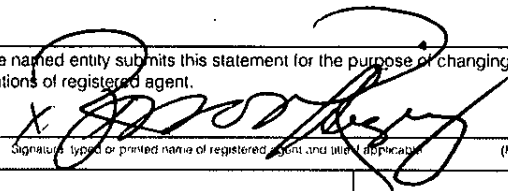
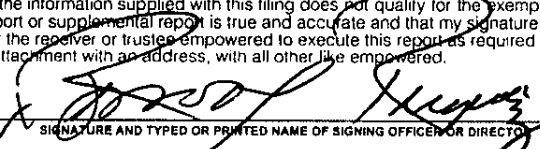


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000002561 1. Entity Name POINCIANA PRODUCE, INC			
Principal Place of Business 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829		Mailing Address 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829	
2. Principal Place of Business - No P.O. Box # 1371 TOWNE CENTER DR		3. Mailing Address 1371 TOWNE CENTER DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State KISSIMMEE		City & State KISSIMMEE	
Zip 34759		Zip 34759	
Country ORLANDO		Country ORLANDO	
4. FEI Number 20-8196981			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, RAYMUNDO 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829		7. Name and Address of New Registered Agent Name RAYMUNDO RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1371 TOWNE CENTER DR City KISSIMMEE FL Zip Code 34759	
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 12/22/08			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	T RODRIGUEZ, RAYMUNDO 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139271179 12/24/08--01045--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OVALLS, LIMBERT 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAQUER MELO, CESAR R 6679 LAKE PEMBROKE PLACE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CEASAR R FLAQUER MELO 2870 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 12/22/08 DAYTIME PHONE # 407-846-4905	

FILED

2008 DEC 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12222008 REIN-P CR2E098 (1/07)