

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 10 AM 9:27

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT

900167706889
02/01/10--01046--010 **158.75

CR2E081 (11/09)

DOCUMENT # ~~902000004903~~ P07000101151

1. Corporation Name

Mark's Tomatoes & Produce, Inc.

W10 - 5090

2. Principal Office Address - No P.O. Box #

5207-N.30St

3. Mailing Office Address

p.o. box 13202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

tampa, fl

City & State

tampa, fl

Zip

33614

Country

hillsborough

Zip

33681

Country

hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2002

5. FEI Number

043659183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Mark Sierra

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

3413 w. Fielder St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

REGISTERED AGENT MUST SIGN

Date

1/27/10

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 owner	mark sierra	3413 w. Fielder St	tampa, fl
CO- TM owner	brian sierra	4415 w. kensington	tampa, fl
		M. MILLIGAN EXAMINER	900167706889 02/10/10--01032--016 **150.00
		FEB 14 2010	

10. E-mail Address: marksproduce@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

1/27/10

Daytime Phone #

813-4771454