PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUL 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILING CANCELLED
RETURNED CHECK

100183834881
07/30/10--01042--004 **915.00

CR2E081 (5/10)

DOCUMENT #P07000114864

1. Corporation Name

Cornejo Harvesting & Trucking, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
429 lenox ave	429 lenox ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami beach, fl	City & State: miami beach, fl
Zip: 33139 Country: dade	Zip: 33139 Country: dade

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/2007

5. FEI Number: 261260051 ☐ 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: E. Hernandez

Street Address (P.O. Box Number is Not Acceptable): 429 Lenox Ave

Suite, Apt. #, Etc.:

City: Miami Beach State: FL Zip Code: 33139

2009-2010
Rei.
7/30

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: 7/30/2010

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
CEO	J. Smith Fitzgerald	429 Lenox Ave	Miami Beach, fl 33139
D	M. Greene-Goldbloom	429 Lenox Ave	Miami Beach Fl 33139
D	W. Levin	429 Lenox Ave	Miami Beach, fl 33139
D	M. Cornejo	429 Lenox Ave	Miami Beach, fl 33139
Sec	K. Holleran	429 Lenox Ave	Miami Beach, fl 33139
tres	E. Cornejo	429 Lenox Ave	Miami BEach, fl 33139

10. E-mail Address: _____
(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: _____ J. FITZGERALD 07/30/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #