

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY -4 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000005530**

1. Corporation Name

Barberville Produce, Inc.

100176891661  
05/04/10--01055--008 \*\*150.00  
100176891661  
04/21/10--01029--002 \*\*150.00

CR2E081 (11/09)

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

131 West Hwy. 40

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 66

Suite, Apt. #, etc.

City & State

Barberville, FL

Zip

32105

Country

USA

City & State

Barberville, FL

Zip

32105

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1/11/93

5. FEI Number

59-3163294

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

David C. Biggers

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

131 West Hwy. 40

Suite, Apt. #, Etc.

City

Barberville

State

FL

Zip Code

32105

☒ 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

Date

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
P	David C. Biggers	303 East Hwy. 100	San, Mateo, FL 32187
VP	Christa Jacob Biggers	303 East Hwy. 100	San Mateo, FL 32187

**REINSTATEMENT**

**RH**

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:

*David C. Biggers*

David C. Biggers

4/1/10

386-749-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #