PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 94-96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JAN -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026297

1. Corporation Name

Tomato Harvesting King, Inc.

Principal Place of Business	Mailing Address
	P.O. Box 32715 Palm Beach Gardens, FL 33420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: April 1993

5. FEI Number: 65-0399437 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Benito Rodriguez	4101-B Wood Edge Circle	Palm Beach Gardens, FL 33420
			200002059382--6 -01/15/97--01086-001 ****775.00 ****775.00
		REINSTATEMENT	1994-96
			a. allan 1/9/97

8. Name and Address of Current Registered Agent

Benito Rodriguez
4101-B Wood Edge Circle
Palm Beach Gardens, FL 33420

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Registered Agent: Benito Rodriguez
REGISTERED AGENT MUST SIGN

Date: 12/22/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Benito Rodriguez — Benito Rodriguez — 12/22/96 — (561)689-458

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