PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR 18 PM 4:22 DOCUMENT # 1993 ()(XX()4/6/14/5 SECRETARY OF STATE TALLAHASSEE, FLORIDA Smith AND Smith HARVESTING INC Principal Place of Business
1707,2+7AVEE PALMetto, FL. 34221 PALMEHO/1734221 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip SMITH Robert JR 1701 4th Ave west PALMEHO, FL. 3422 Smith HAROLD REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Smith Robert JR. 1901 4th Ave West PALMETTO, FL 34221 200002494932-04/21/90 stall1038aa024 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. 12. 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 foos owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Robert Smith The Officer or D