DI FACE DEAD	ALL INOTOLOTIONS DEFORE CO.	ADI ETINO TIUO FODIA
CORPORATION REINSTATEMENT	ALL INSTRUCTIONS BEFORE COI FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED BECKETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT #P9300 1. Corporation Name Fruit Growers of Dur	0047275 ndee, Inc.	OI FEB 20 AM II: 28
2. Principal Office Address 859 OSCEO A AVENUE Suite, Apt. #, etc.	3. Mailing Office Address 3655 Northome Road Suite, Apt. #, etc.	NSTATEMENT 0801
City & State Lake Wales FL Zip Country 33853 USA	City & State Way2ata MN Zip Country 6.	To Do Business in Florida 7-1-93 FEI Number Applied For Not Applicable
Name James Thompson 60 Clay Terry Street Address (P.O. Box Number is Not Acceptable) Bradley, Nelson, Terry, White Williams Suite, Apt. #, Etc. Park Avenue City Lake Wales Thompson 60 Clay Terry BIDDUSTEBUTS -02/26/0101118001 ***1058.75 ***1058.75 State Zip Code FL 33859		
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 2/14/0/		
Pres Druid Wilson	Street Address of Each Officer and/or Director 3655 Northome Roa 859 E Osceola Au	8000037680784 -02/26/01/4401108002 ****150.00 ****150.00
i/		JRT 2/20/0)
10. 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 filling 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 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: SIGNATURE: Daytime Phone #		