

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-96  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 31 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010963

1 Corporation Name

ALL-TIME PRODUCE COMPANY

Principal Place of Business

Mailing Address

1450 SKIPPER RD. \*48  
Tampa, FL 33613 SAME

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

1450 SKIPPER RD.

3 New Mailing Address, If Applicable

SAME

4 Date Incorporated or Qualified  
To Do Business in Florida

2-94

Suite, Apt. #, etc

\*48

Suite, Apt. #, etc

5 FEI Number

59-3226444

Applied For

Not Applicable

City & State

TAMPA

City & State

Zip

33613

Country

HILLSBOROUGH

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

5875 Additional Fee required  
for Certificate of Status

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
President P/S/14-2	JIBERE SAMAN	1450 SKIPPER RD *48	TAMPA, FL 33613
			200002049082--5 -01/07/97-01144-002 ***575.00 ***575.00

REINSTATEMENT 1/9/96

A-Alan

8 Name and Address of Current Registered Agent

9 Name and Address of Now Registered Agent 12/3/96

Name JIBERE SAMAN  
Street Address (P.O. Box Number is Not Acceptable)  
1450 SKIPPER RD \*48  
Suite, Apt. #, Etc.  
48  
City TAMPA State FL Zip Code 33613

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.

Signature of  
Registered Agent

Jibere Saman

REGISTERED AGENT MUST SIGN

Date

12/27/96

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:

Jibere Saman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/96

Date

Daytime Phone #

CR2E040 (12/95)