

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021876

1. Corporation Name

ANDRE & SON PRODUCE, INC.

Principal Place of Business

509 HOLIDAY DRIVE
HALLANDALE FL 33009

Mailing Address

509 HOLIDAY DRIVE
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1994

SP

5. FEI Number

65-0477018

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a 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	4 City / State / Zip
PVTD	FECTEAU, ANDRE	509 HOLIDAY DR	HALLANDALE FL
			400003470954--9 -11/20/00--01133--015 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS
888 SE 3 AVE SUITE 400
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name
REJEAN LAPIERRE
Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD
Suite, Apt. #, Etc.
BLOG "16"
City
SUNRISE FL
State
FL
Zip Code
33351

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

954-457-7338