

801000004634 1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 10 PM 3:55

DOCUMENT # P94000039825

1. Corporation Name

H & S VEGETABLES, INC.

Principal Place of Business

Mailing Address

10540 NW 26TH ST SUITE 103
MIAMI FL 33172

REINSTATEMENT 98-01

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 Address, if Applicable

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

6. City & State

7. City & State

8. Country

9. Zip

10. Country

4. Date Incorporated or Qualified
To Do Business in Florida
5-26-94

5. PEI Number

65-0499093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

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

1. (List)	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
PD	SERGIO FELIPE	2150 NW 9TH ST, APT 505	MIAMI FL 33125
VPD	HORTENSIA FELIPE	2150 NW 9TH ST, APT 505	MIAMI FL 33125
ST			

5. Name and Address of Current Registered Agent

SERGIO FELIPE
2150 NW 9TH ST APT #505
MIAMI FL 33125

6. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent
Sergio Felipe
REGISTERED AGENT MUST SIGN

Date 1-8-01

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.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0715(1), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.0715(1) 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. This information and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-8-01

(305) 592-0394

Date

Daytime Phone

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

H & S VEGETABLES INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75