

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 13 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000069818

1. Corporation Name

FRESH FARM PRODUCTS, INC.

2. Principal Office Address

2710 N. Orange Blossom
Trail

Suite, Apt. #, etc.

City & State

Orlando, FL 32804

Zip

32804

Country

US

3. Mailing Office Address

P. O. Box 1513

Suite, Apt. #, etc.

City & State

Apopka, FL 32704-1513

Zip

32704-1513

Country

US

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/21/1994

5. FEI Number

59-3270817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ayers, Robert T.

Street Address (P.O. Box Number is Not Acceptable)

5442 Mt. Plymouth Rd.

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code

32712

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****900.00 ****900.00

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

Robert T. Ayers

REGISTERED AGENT MUST SIGN

Date *7-12-2000*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Ayers, Robert T.	5442 Mt. Plymouth Rd.	Apopka, FL
SD	Massaro, Peter T.	1327 Grove St.	Apopka, FL
VD	Smith, Edward	2119 McMahon Court	Orlando, FL 32812
TD	Fuls, Larry L.	4921 Tam Dr.	Orlando, FL 32808

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 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.

RE

SIGNATURE: *Robert T. Ayers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert T. Ayers, President

7-12-2000 (407) 649-4722

Date

Daytime Phone #