

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 945 0000 21778

1. Corporation Name

MR. Fruit, Inc.

2. Principal Office Address - No P.O. Box #

4276 STEED TERRACE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

USA

3. Mailing Office Address

4276 STEED TERRACE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

2001-07  
J. M.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2007

5. FEI Number

59-3301831

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

G. THOMAS MOCH

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

4276 STEED TERRACE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

G. Thomas Moch

REGISTERED AGENT MUST SIGN

Date

09/06/2007

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
P	G. THOMAS MOCH	4276 STEED TERRACE	WINTER PARK, FL 32792
V	SYLVIA L. MOCH	4276 STEED TERRACE	WINTER PARK, FL 32792

100109269121  
09/10/07--01041--005 \*\*1050.00

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 contained in Chapter 119, 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:

G. Thomas Moch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/2007

Date

407-617-4350

Daytime Phone #