

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 NOV 20 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039961

1. Corporation Name

PRODUCE TRANSPORT INC

2. Principal Office Address

6604 PEMBERTON SAGE CRT P.O. BOX 727

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SEFFNER, FLORIDA

City & State

PLANT CITY  
FLORIDA 33564

Zip

33584

Country

HILLSBOROUGH

Zip

33564

Country

HILLSBOROUGH

4. Date Incorporated or Qualified  
To Do Business in Florida 11-19-95

5. FEI Number

59-335-6606

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

L. KEITH WARREN

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

6604 PEMBERTON SAGE CRT

Suite, Apt. #, Etc.

City

SEFFNER,

State

FL

Zip Code

33584

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

L. Keith Warren  
REGISTERED AGENT MUST SIGN

Date 11/17/00

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
SECR	DAYLE A. SCHALLER	-6604 PEMBERTON SAGE CRT -	-SEFFNER, FL 33584 - 500003501665-3 -12/14/00--01071--022 ****758.75 ****758.75

REINSTATEMENT

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAYLE A. SCHALLER

Date

11/17/00

Daytime Phone #

CR2E081 (9/99)