

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2000-2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014096

1. Corporation Name

ZIM PRODUCE & TRUCKING INC.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1258 HAMMONDVILLE RD

P.O. box 934543

City & State

City & State

POMPANO BEACH

MARGATE FL

Zip

Country

Zip

Country

33069 FL

33069 FL

REINSTATEMENT

DD-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650639542

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

Shay Peretz

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

5896 n.w. Gander

Suite, Apt. #, Etc.

Parkland FL

City

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date 02/23/01

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

owner SHAY PERETZ

5896 n.w. Gander
Parkland FL 33067

Parkland FL 33067

LS

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)(l), 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

Date

02/07/01

Daytime Phone #

CR2E081 (9/00)