

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT -4 PM 1:18

DOCUMENT # **P96000033104**

1. Corporation Name

T & C PRODUCE, INC.

Principal Place of Business

**3000 CASE ROAD
LABELLE FL**

Mailing Address

**3000 CASE ROAD
LABELLE FL**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

5. FEI Number

65-0715736

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	TOLAR, DEBRA	3000 CASE ROAD	LABELLE FL
D	TOLAR, DEBRA	3000 CASE ROAD	LABELLE FL

**100003455921--0
-11/07/00--01113--006
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

**TOLAR, DEBRA
3000 CASE ROAD
LABELLE FL**

9. Name and Address of New Registered Agent

Name

Debra Tolar

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

3000 CASE ROAD

Suite, Apt. #, Etc.

City

LABELLE

State

FL

Zip Code

33935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/2/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/00

Daytime Phone #

CR2E040 (8/99)