

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 NOV -7 AM 11:05

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000057738

1. Corporation Name
NICK'S FRESH PRODUCE, INC.

Principal Place of Business
**3800 GOLDENROD ROAD
ORLANDO FL 32822**

Mailing Address
**3800 GOLDENROD ROAD
ORLANDO FL 32822**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/10/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MAZZAWI, NICHOLAS	3800 GOLDENROD ROAD	ORLANDO FL 32822
OTO	MAZZAWI, NANEL	3800 GOLDENROD ROAD	ORLANDO FL 32822
VPD	BERNARD RICCA	3800 Goldenrod Road	Orlando, Florida 32822

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PATEL, PRABODH C 815 ORIENTA AVENUE SUITE 6 ALTAMONTE SPRINGS FL 32701		Name BERNARD RICCA Street Address (P.O. Box Number is Not Acceptable) 3800 Goldenrod Road Suite, Apt. #, Etc. City Orlando	
		State FL	Zip Code 32822

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: *Bernard Ricca* REGISTERED AGENT MUST SIGN Date: **November 6, 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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)(b), 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: *Nicola MAZZAWI* November 6, 1997 1-407-275-1256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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11/12/97-01092-004
****750.00 ****750.00