

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067099

1. Corporation Name

PREMIER HARVESTING, INC.

2. Principal Office Address

709 G ROAD

Suite, Apt. #, etc.

City & State

LABELLE, FLORIDA

Zip 33935

Country
USA

3. Mailing Office Address

709 G ROAD

Suite, Apt. #, etc.

City & State

LABELLE, FLORIDA

Zip 33935

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0690959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-00

7. Name and Address of Current Registered Agent

Name

OWEN L. LUCKEY, JR.

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

110 NORTH MAIN STREET

Suite, Apt. #, Etc.

City

LABELLE, FLORIDA

State
FL

Zip Code
33975

300003170453-6
-03/15/00-01012-026
***1200.00 ***1200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-6-2000

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
D	ALFONSO MORALES	709 G ROAD	LABELLE, FLORIDA 33975
			1050.00 - Adm 88.75 - ARS 61.25 - AR

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2000

Date

Daytime Phone #

CR2E081 (9/99)