PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -7 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087178

1. Corporation Name
RAFAEL AYALA HARVESTING, INC.

Principal Place of Business
1804 NE 42nd TERRACE
OKEECHOBEE, FL. 34972

Mailing Address

REINSTATEMENT 99

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: 10-21-96 SP

5. FEI Number: 65-0701369 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
P/D	RAFAEL AYALA	1316 NW 39th CIRCLE	OKEECHOBEE, FL. 34972

700003070017--6
-12/14/99--01097--003
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: NORA IZQUIERDO
Street Address (P.O. Box Number is Not Acceptable): 1804 NE 42nd TERRACE
Suite, Apt. #, Etc.:
City: OKEECHOBEE | State: FL | Zip Code: 34972

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: Nora Izquierdo REGISTERED AGENT MUST SIGN
Date: 12-06-99

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: Rafael Ayala 12-06-99 (941)357-6042
SIGNATURE, TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Daytime Phone #