

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 OCT 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100649

1. Corporation Name

PRODUCE PACKING AUTOMATION, INC.

Principal Place of Business

1846 OLIVE STREET
LAKELAND FL 33815
US

Mailing Address

P O BOX 2558
EATON PARK FL 33840
US

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

12/12/1996

Suite, Apt. #, etc.

1846 Olive ST

Suite, Apt. #, etc.

P.O. Box 1110

City & State

Lakeland Florida

City & State

Kathleen Florida

Zip

33815

Country

USA

Zip

33849-1110

Country

USA

5. FEI Number

59-3415379

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
PD	MCINNIS, CECIL RAY	1846 OLIVE STREET	LAKELAND FL 33815
VD	LUGO, JACOB	1846 OLIVE STREET	LAKELAND FL 33815

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCINNIS, CECIL RAY
3015 PINEDALE AVE
LAKELAND FL 33803

Name

JACOB LUGO

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

7515 Floral Cir. W

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

Jacob Lugo

REGISTERED AGENT MUST SIGN

Date 10-18-99

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:

Jacob Lugo JACOB LUGO

10-18-99 863-686-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #