

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 26 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029742

1. Corporation Name

EASTERN PRODUCE DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

1320 E OAK ST  
ARCADIA FL 34266  
US

P O BOX 1311  
ARCADIA FL 34265  
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

1325 12TH AVE  
Suite, Apt. #, etc.

#1/A  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1997

5. FEI Number

65-0740348

Applied For

Not Applicable

City & State  
ARCADIA FL

City & State

Zip  
34266

Country  
USA

Zip  
3

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ALLEN, ROBERT E	1920 EAST OAK STREET 12 SOUTH 12TH AVE	ARCADIA FL 34266
VD	BLACK, JOHN	1113 SOUTH DARIEN ST.	PHILLY PA 19147
			100003465451--8 -11/16/00--01008--010 ****750.00 ****750.00

REINSTATEMENT 2000

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
ROBERT E ALLEN  
Street Address (P.O. Box Number is Not Acceptable)  
125 12TH AVE  
Suite, Apt. # Etc.  
#2  
City  
ARCADIA  
State  
FL  
Zip Code  
34266

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]*

REGISTERED AGENT MUST SIGN

Date 10/23/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. ALLEN PRES. 10-23-00

Date

Daytime Phone #

863-993 1780