PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF SEPORATIONS APPLICATION Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 NOV 10 AM 11: 42 P97000040027 **DOCUMENT#** 1. Corporation Name FLORIDA TREND PRODUCE, INC. 200003052642--8 -11/23/99--01021--033 ****758.75 ****758.75 Mailing Address Principal Place of Business 1702 W. HOLLOWAY ROAD 1702 W. HOLLOWAY ROAD PLANT CITY FL 33567 PLANT CITY FL 33567 If above addresses are incorrect in any way, line through incorrect information and enter correction way. If Applicable 3 New Mailing Office Address, If Applicable 1 New Mailing Office Address, If Applicable 2 New Mailing Office Address, If Applicable 2 New Mailing Office Address, If Applicable 2 New Mailing Office Address, If Applicable 3 New Mailing Office Address 3 New Mailing 2 New Principal Office Address, If Applicable 701 N. Warnell Street Suite, Apt #, etc 05/02/1997 Suite, Apt. #, etc. 5. FEI Number Plant City, Florida 33566 Applied For 59-3450842 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Ζip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers Title(s) and/or Directors City / State / Zip **'/**D PLANT CITY FL 30567 × 33566 PIPPIN, WAYNE LAWRENCE **4702 W. HOLEOWAY ROAD** 701 N. Warnell Street 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Wayne Lawrence Pippin PIPPIN, WAYNE LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 1702 W. HOLLOWAY ROAD 701 N. Warnell Street Suite, Apt. #, Etc. Plant City, Florida 33566 PLANT CITY FL 33567 State | Zip Code 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. REGISTERED AGENT MUST SIGN 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 filling 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.

SIGNING OFFICER OR DIRECTOR

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813-240-0376