

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070658

1. Corporation Name

R & A HARVESTING, INC.

2. Principal Office Address

205 Central Avenue

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

Zip
93852

Country
USA

3. Mailing Office Address

111 Sun 'N Lake Boulevard

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

Zip
33862

Country
USA

REINSTATEMENT 98-00

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

8/14/97

5. FEI Number

59-3462059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN RAMOS

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

205 Central Avenue

Suite, Apt. #, Etc.

City

Lake Placid

State
FL

Zip Code

33852

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

JUAN RAMOS
JUAN RAMOS

REGISTERED AGENT MUST SIGN

Date

8/2/00

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
P/D	Ramiro Ramos	205 Central Avenue	Lake Placid, Florida 33852
VP/ S/T/D	Alicia Ramos	205 Central Avenue	Lake Placid, Florida 33852

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:

Ramiro Ramos
RAMIRO RAMOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

863-464-1627

Daytime Phone #