Nov-27-01 12:44pm From-BAKER&HOSTETLER,LLP 4078410168 T-213 P.02/02 F-983

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CORPORATION REINSTATEMENT

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

DOCUMENT # P98000016306

Corporation Name

THE PRODUCE SOLUTION, INC.

REINSTATEMENT 01

1. Principal Office Address	2. Mailing Office Address
200 S. Orange Avenue	SAME
Suite, Apt. #, etc.: SunTrust Center #2300	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32801 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/19/1998

5. FEI Number: 59-3494313 Applied For / Not Applicable

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

Name: A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.: SUNTRUST CENTER #2300

City: ORLANDO State: FL Zip Code: 32801

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: ________ REGISTERED AGENT MUST SIGN Richard T. Fulton, Vice President Date: 11/26/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	BERNARD HENDERSON	200 S. ORANGE AVE., STE.2300	ORLANDO, FLORIDA 32801

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: Bernard D. Henderson 11/26/01 9549421161
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

Fax Audit #H01000116978 7

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

THE PRODUCE SOLUTION, INC.

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