


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000028988 1. Entity Name DOMINGUEZ PRODUCE, INC.						06 MAR 20 AM 9:21 STATE OF FLORIDA TALLAHASSEE 05-06	
Principal Place of Business POST OFFICE BOX 1091 WIMAUMA, FL 33598				Mailing Address POST OFFICE BOX 1091 WIMAUMA, FL 33598			
2. Principal Place of Business 5216 Center Street Suite, Apt. #, etc.				3. Mailing Address P.O. Box 1091 Suite, Apt. #, etc.			
City & State WIMAUMA, FL				City & State WIMAUMA, FL			
Zip 33598		Country USA		Zip 33598		Country USA	
4. FEI Number 59-3495329				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALVARADO-DOMINGUEZ, MARIA JULIA 5216 14TH STREET WIMAUMA, FL 33598				7. Name and Address of New Registered Agent Name MARIA J. ALVARADO-DOMINGUEZ Street Address (P.O. Box Number is Not Acceptable) 5216 Center Street City WIMAUMA FL 33598			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Maria Alvarado</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 03-13-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME ALVARADO, MARIA JULIA STREET ADDRESS POST OFFICE BOX 1091 N/A CITY-ST-ZIP WIMAUMA, FL 33598				TITLE SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BEATRIZ R. DOMINGUEZ STREET ADDRESS 5216 CENTER ST. CITY-ST-ZIP WIMAUMA, FL 33598			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Maria Alvarado</i> MARIA J. ALVARADO - Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 03/13/06 213-999-9999 <small>Daytime Phone #</small>			