

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028988

1. Corporation Name

DOMINGUEZ PRODUCE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1091
WIMAUMA FL 33598

POST OFFICE BOX 1091
WIMAUMA FL 33598

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3495329

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
D	ALVARADO, MARIA JULIA	POST OFFICE BOX 1091 N/A	WIMAUMA FL 33598
			900023964569 10/21/03--01038--010 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVARADO-DOMINGUEZ, MARIA JULIA
5216 14TH STREET
WIMAUMA FL 33598

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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 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
Maria J. Alvarado President

Date

Daytime Phone #

CR2E040 (7/03)

20f3

DOMINGUEZ PRODUCE, INC
P.O. BOX 1091
WIMAUMA, FL 33598

CERTIFIED LETTER WITH RETURN RECEIPT

October 13, 2003

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document # P98000028988
FEIN 59-3495329

To Whom It May Concern:

Enclosed please find our check in the amount of \$ 150.00 dated October 14, 2003 for the reinstatement of our 2003 Annual Uniform Business Report as per the instructions received by one of your reinstatement department's agents.

As per our telephone conversation, we never received the prior reports issued by your institution for mailing problems. For that reason, I would like to resolve the problem caused by it as soon as possible.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,
DOMINGUEZ PRODUCE, INC.



Maria J. Alvarado
President