

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*paid in*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300030585983  
03/16/04--01109--001 \*\*2850.00

DOCUMENT # **P98000062758**

1. Corporation Name

**Olivera & Sons Produce, Inc.**

2. Principal Office Address

**1800 SW 1st**

Suite, Apt. #, etc.

**Ste 207**

City & State

**Miami, Florida**

Zip

**33125**

Country

**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07-16-1998**

5. FEI Number

**05-0596887**

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

**Patricia Gonzalez**

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

**3375 North Country Club DR**

Suite, Apt. #, Etc.

**# 007**

City

**Aventura**

State

**FL**

Zip Code

**33180**

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

*Patricia Gonzalez*

Date **03-01-2004**

REGISTERED AGENT MUST SIGN

**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/ND S/IT/D	Patricia Gonzalez	3375 North Country Club DR # 007	Aventura, FL 33180

**REINSTATEMENT 99-04**

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:

*Patricia Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-01-2004**

Date

Daytime Phone #

CR2081 (01/04)


TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UPDATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 1999, 2000, 2001, 2002, 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
PATRICIA GONZALEZ  
PRESIDENT