

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 15 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000/07633

1. Corporation Name

DEL CAMPO FRESH, INC.

2. Principal Office Address

3. Mailing Office Address

100 STATE RD. 29, N.

P.O. BOX 1102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FIELD, FLORIDA

IMMOKALEE, FLORIDA

Zip

Country

Zip

Country

33930

HENRY

34143

COLLIER

000009033510
11/15/02--01097--019 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/98

5. FEI Number

59-3548693

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

JOEL S. SALAZAR

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

1300 ORCHID AVENUE

Suite, Apt. #, Etc.

City

IMMOKALEE

State

FL

Zip Code

34142

700008645237
10/29/02-01040-009 **110.00

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

Joel Salazar

REGISTERED AGENT MUST SIGN

Date 10-26-02

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
PRES. + TREAS.	JOEL S. SALAZAR	1300 ORCHID AVENUE	IMMOKALEE, FLORIDA 34142
	(THERE ARE NO OTHER OFFICERS)		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/02

Date

1-239-657-0552

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 4, 2002

DEL CAMPO FRESH, INC.
po box 1102
IMMOKALEE, FL 34143

SUBJECT: DEL CAMPO FRESH, INC.
Ref. Number: P98000107633

We have received your document for DEL CAMPO FRESH, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$450.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 702A00060290

**Del Campo Fresh Inc.
PO Box 1102
Immokalee, FL 34143-1102**

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

~~RE: Corporation Reinstatement~~

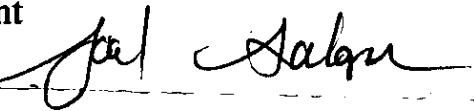
The purpose of this letter is to request a wavier of the reinstatement fee for Del Campo Fresh Inc., document# P 98000107633. The address on file with your office is outdated and we have not received the previous uniform business report.

A complete Corporation Reinstatement form is attached and all information is current.

Respectfully,

Joel S. Salazar
President

JD/pd



Enc.