

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

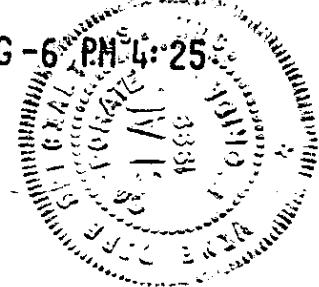
**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4:25



DOCUMENT #

1. Corporation Name

VINE RIPE SPECIALTIES, INC.
C/O SCOTT GRIFFIN
PO BOX 487
IMMOKALEE, FL 34143

2. Principal Office Address

424 New MARKET RD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 487

Suite, Apt. #, etc.

City & State

Immokalee, FL.

Zip Country

34142 Collier

City & State

Immokalee, FL.

Zip Country

34143 Collier

4. Date Incorporated or Qualified
To Do Business in Florida

2-26-99

SP

5. FEI Number

65-0904920

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

DONALD SCOTT GRIFFIN

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

102 EAST GREENS BLVD.

Suite, Apt. #, Etc.

700004547487-4

-08/21/01-01072-13

***900.00 ***900.00

City

Lehigh Acres

State
FL

Zip Code

33972

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

D. Scott Griffin

REGISTERED AGENT MUST SIGN

Date

12-4-00

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.	DONALD SCOTT GRIFFIN	102 EAST GREENS BLVD.	Lehigh Acres, FL. 33972

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

Date

12-4-00

Daytime Phone #

941-657-5161

CR2E081 (9/99)