

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 15, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # PG9000018867  
1. Corporation Name VINE RIPE SPECIALTIES INC.

2. Principal Office Address  
13873 PINE VILLA LN.  
Suite, Apt. #, etc.  
City & State  
FT. MYERS, FL.  
Zip 33912 Country USA

3. Mailing Office Address  
6900-29 DANIELS PKWY  
Suite, Apt. #, etc.  
P.M.B.-297  
City & State  
FT. MYERS, FL.  
Zip 33912 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 02/93

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/VINE RIPE SPECIALTIES INC.  
Street Address (P.O. Box Number is Not Acceptable)  
13873 PINE VILLA LANE  
Suite, Apt. #, Etc.  
City FT. MYERS State FL Zip Code 33912

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 Date 6-14-04  
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
PRES.	DONALD SCOTT GRIFFIN	13873 PINE VILLA LANE	FT MYERS, FL. 33912

500037969485  
06/15/04--01031--002 \*\*300.00  
6/15

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: D. Scott Griffin Date 6-14-04 Daytime Phone # 423-595-8957  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR