

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 OCT 24 PM 12:53

DOCUMENT # P99000058450

1. Corporation Name

LUCAS TOMATOES, INC.

2. Principal Office Address

201 E. Terrace Drive

3. Mailing Office Address

201 E. Terrace Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Plant City, Florida

Zip

33565

Country

U.S.

Zip

33565

Country

U.S.

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/28/99

SP

5. FEI Number

59-3584837

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

Feliciano Lucas

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

201 E. Terrace Drive

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

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****300.00 ****300.00

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

Feliciano Lucas

REGISTERED AGENT MUST SIGN FELICIANO LUCAS

Date October 8, 2001

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/S/ T/D	Feliciano Lucas	209 W. Karppe Road	Plant City, FL 33567

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:

Feliciano Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FELICIANO LUCAS, President

10/8/01

Date

(813) 719-9192

Daytime Phone #

CR2E081 (9/00)