

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058450

1. Corporation Name

LUCAS TOMATOES, INC.

Principal Place of Business

201 E. TERRACE DRIVE
PLANT CITY FL 33565

Mailing Address

201 E. TERRACE DRIVE
PLANT CITY FL 33565

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2933 Hillsborough E. Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 4958
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1999

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LUCAS, FELICIANO	209 W. KARPPE ROAD	PLANT CITY FL 33567

600008770216

11/04/02--01010--016 **558.75

8. Name and Address of Current Registered Agent

LUCAS, FELICIANO
201 E. TERRACE DRIVE 2933 Hillsborough E. Ave
PLANT CITY FL 33565 Tampa, Fla. 33610

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02 (843) 650-0765
Date Daytime Phone #

CR2E040 (8/02)

10/31/02

To Whom it may concern:

This is Rachel I work for Lucas Tomatoes Inc.

I had already mailed an application for Annual report/
Uniform Business report on September 10, 2002
with a money order of 550.⁰⁰. They send me
back a letter stating that they had recieved the
application but there was no prove of check.

So I'm redoing the Application and sending you
another check for the amount 558.75. Hopefully
this time some body will get the check.

Thank You

Rachel From

Lucas Tomatoes Inc.

(813) 650-0765