P3-151

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -8 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074641

1. Corporation Name
FLORIDA WEST COAST PRODUCE, INC.

REINSTATEMENT Q0-24

2. Principal Office Address	3. Mailing Office Address
4201 Misty Grove Court	P.O. Box 11767
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, Fl	City & State: Tampa, Florida
Zip: 33511 Country: United States	Zip: 33680-1767 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: August 1999

5. FEI Number: 59-3590024 ☐ Applied For ☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: VITO Joseph Saputo JR.

Street Address (P.O. Box Number is Not Acceptable): 4201 Misty GROVE Court

Suite, Apt. #, Etc.:

City: BRANDON State: FL Zip Code: 33511

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03/03/04--01022--021 **750.00

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: Vito Saputo
REGISTERED AGENT MUST SIGN

Date: 3-3-04

CR2E031 (01/03)

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
Owner	Vito Joseph Saputo JR.	4201 Misty Grove Court	Brandon, Fl 33511

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: Vito Saputo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-3-04

Daytime Phone #: (813)843-1934

To Whom It May Concern

B 272

Florida West Coast Produce Inc. did not receive a 1st or 2nd notice.

Thank You

3-3-04