## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

## **APPLICATION** FOR REINSTATEMENT



## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DQCUMENT # 1. Corporation Name

S00436

FRESH PICK FARMS, INC.

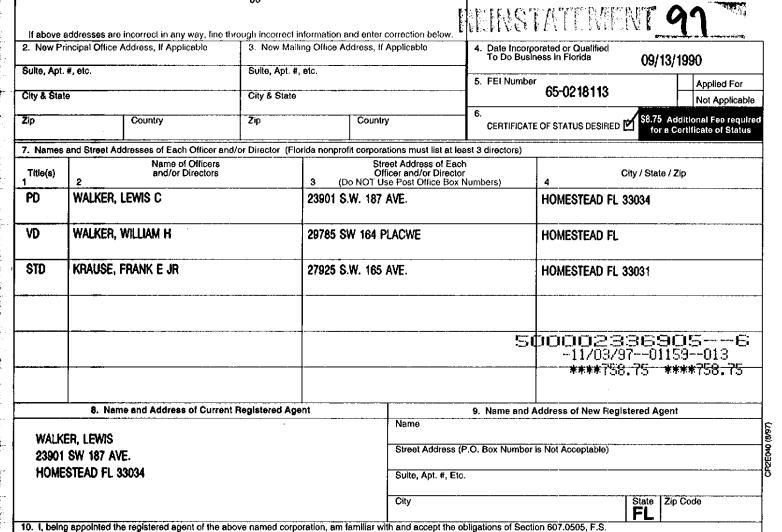
Mailing Address

Principal Place of Business 24000 S FEDERAL HIGHWAY PRINCETON FL 33032

PO BOX 924123 HOMESTEAD FL 33092 US

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 30 PM 2: 23 H 10/30



12. 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.

Yes 🛂

Signature of Registered Agent

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Wolker REGISTERED AGENT MUST SIGN

SIGNATURE: LC. Walker Lewis C. Nolker 10/24/97 305 258-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

Date 10/28/97

(See other side for Information on Intangible tax.)