


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

0003/008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 8:05 PM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P31712					
1. Corporation Name CHIQUITA GULF CITRUS, INC.					
2. Principal Office Address 5700 WEST Midway			3. Mailing Office Address PO Box 12969		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State FT. PIERCE, FL			City & State FT. PIERCE FL		
Zip 34981	Country ST. LUCIE	Zip 34979	Country ST. LUCIE	4. Date Incorporated or Qualified To Do Business in Florida 1995	
				5. FEI Number 31-1304756	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>FOR THE PURPOSE OF REINSTATEMENT</small>					
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
State, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.					
Signature of Registered Agent <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 8/9/05 <small>REGISTERED AGENT MUST SIGN</small>					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	MIKE GARAVAGLIA JR	5700 W. Midway Road		FT. PIERCE FL 34981	
C	JAMES L ROGERS III	5700 W Midway Road		FT. PIERCE FL 34981	
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 accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Mike Garavaglia</u> MIKE GARAVAGLIA 7/28/05 772 4646375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

REINSTATEMENT 04-05

Division of Corporations

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CORPORATION REINSTATEMENT

CHIQUITA GULF CITRUS, INC.

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