

PACA LICENSE REINSTATEMENT NOTICE 7, G

INSTRUCTIONS: If all of the information **SHOWN ON THE FRONT OF THIS FORM** is current and complete, **"X"** the **"With NO Change"** box below **OR** if the information is **NOT** current or correct, **"X"** the **"With CHANGE(s)"** box and report the appropriate changes or additions in the spaces below. This form must be signed and returned completed, with the total **REINSTATEMENT FEES DUE to be received by the anniversary date.** Under "Nature of Business" check the **ONE BOX** which represents the predominant style of your operations. If there have been changes in ownership, partners, officers, directors, members and/or managers of LLCs or holders of more than 10 percent of the stock, or in their address, you should include and/or update **ALL** information requested for each individual. Missing or incorrect data on the front of this form may be inserted there. Adding and deleting persons should be reported in the space provided below. If license is **NOT** being renewed, explain your reason under **"REMARKS"** and return this form. **QUESTIONS???** call (202) 720-3053.

FRUITS AND VEGETABLES HANDLED ("X" one box) (Item 3 on front)			NATURE OF BUSINESS ("X" one box) (Item 4 on front)							
1. <input type="checkbox"/> Fresh	2. <input type="checkbox"/> Frozen	3. <input type="checkbox"/> Both	4. <input type="checkbox"/> Wholesaler	5. <input type="checkbox"/> Commission Merchant	6. <input type="checkbox"/> Broker	7. <input type="checkbox"/> Retailer	8. <input type="checkbox"/> Processor	9. <input type="checkbox"/> Trucker	0. <input type="checkbox"/> Food Service	G. <input type="checkbox"/> Grocery Wholesaler

CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND OR MANAGERS OF LLCs AND HOLDERS OF MORE THAN 10% OF THE STOCK (If there have been any changes, "X" the box showing your current operations.)

CHANGES (X)		DATE OF CHANGE	LEGAL NAME (Last - First - Middle Initial)	SOCIAL SECURITY NUMBER	FULL HOME ADDRESS (Street and Number, City, State, and ZIP Code)	DIRECTOR		% OF STOCK
Add	Delete					TITLE	X	

REPORTED OWNERSHIP (Item 5 on front) HAS CHANGED TO:

("X" one box) I = Individual C = Corp. A = Assoc. T = Trust E = Estate L = Limited Partnership M = Limited Liability Company P = Partnership-No. Partners.....

DATE OF CHANGE

CHANGES (X)		DATE OF CHANGE	TRADE NAME (d/b/a) OR BRANCH	LOCATION (City, State, and ZIP Code)
Add	Delete			

("X" one box) With NO change With CHANGE(s) shown above

Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer Making Application for License Renewal →

SIGNATURE

TITLE

REMARKS

RETURN APPLICATION AND FEES TO:

USDA-AMS-PACA
P.O. BOX 790327
ST LOUIS, MO 63179-0327

MAKE CHECKS PAYABLE TO "USDA-AMS"
Please include license number being renewed on check.
(For more information about PACA, visit our website: "www.ams.usda.gov/fv/paca.htm".)

TO PAY BY CREDIT CARD:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	AMOUNT
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	
<input type="checkbox"/> DINERS CLUB		
ACCT. NO.		

EXPIRATION DATE: MO YR

NAME OF CARD HOLDER SIGNATURE (Please Print)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0031. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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REINSTATEMENT FEE DUE \$50.00

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1. LICENSE NO.	2. ANNIVERSARY DATE	3. TYPE OF BUSINESS	4. NATURE OF BUSINESS	5. OWNERSHIP TYPE	6. NO. OF BRANCHES
19951094	04-10-2007	FRESH FRUITS & VEGS	RETAILER	INDIVIDUAL	0
NARCISO GABRIEL 8439 MOUNTAIN VIEW SOUTH GATE CA 90280-0000 BUS: 4501 S ALAMEDA ST LOS ANGELES CA 90058-0000				NOTICE TO LICENSEE REINSTATEMENT FEE DUE \$50.00 Your PACA license expired on the anniversary date shown above as the RENEWAL FORM was not filed. The license may be reinstated by returning this NOTICE and paying the required \$50 fee within 30 days of anniversary date. Failure to return this form with all fees due will result in the termination of your PACA license.	
Phone:		Fax:		Email:	
EIN :			STATE IN WHICH INCORPORATED OR FORMED		DATE

PRINCIPALS - OWNER, PARTNERS, OFFICERS, DIRECTORS, MEMBERS, AND HOLDERS OF MORE THAN 10% OF STOCK

NAME (LAST - FIRST - MIDDLE INITIAL)	SOCIAL SEC. NO.	HOME ADDRESS	TITLE	% OF STOCK
GABRIEL NARCISO N		SOUTH GATE CA	I	
MULTIPLE TRADE NAMES AND BRANCHES : GABRIEL PRODUCE				

NOTICE TO LICENSEE - You are licensed under the Perishable Agricultural Commodities Act as described above. If you are continuing in business, subject to the Act, you must renew the license. This renewal application must be signed on the reverse and must reach this office by the anniversary date shown above. See reverse for instructions on how to report changes, if any have occurred. PENALTIES: Operations without a license could result in an injunction plus a civil penalty of \$1200 for each offense plus \$350 for each day the offense continues.

Return form with fees to:
USDA -PACA Branch
P.O. BOX 790327
St. Louis MO 63179 - 0327

Notice to Customers Making Payment by Check: As part of a Department of Treasury initiative, if you pay your account by check, it will be converted into an electronic funds transfer(EFT). This means the bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours, and will be shown on your regular bank account statement. You will not receive your original check back. The bank will destroy your original check, but will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, the bank may try to make the transfer up to 2 times at which point your account will be subject to additional administrative charges.