

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000068593

1. Entity Name
JENNIFER GROWERS INC



Principal Place of Business Mailing Address
PO BOX 1928 PO BOX 1928
ZOLF SPRING, FL 33890 US ZOLF SPRING, FL 33890 US

2. Principal Place of Business - No P.O. Box #
512 SUMMER RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WACHULA, FL
Zip
33873

Country

City & State

Zip

Country

04282008 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREJO, LUIS A
14644 MLK BLVD
DOVER, FL 33527

7. Name and Address of New Registered Agent

Name Ignacio Lucatero
Street 512 SUMMER RD.
City WACHULA FL 33873

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ignacio Lucatero 04-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LUCATERO-ZAMORA, LUCATERO
STREET ADDRESS 512 SUMMER RD
CITY-ST-ZIP WACHULA, FL 33873

TITLE VP ☐ Delete
NAME LUCATERO, FRANCISCO
STREET ADDRESS 512 SUMMER RD
CITY-ST-ZIP WACHULA, FL 33873

TITLE SC ☐ Delete
NAME LUCATERO, MODESTO
STREET ADDRESS 512 SUMMER RD
CITY-ST-ZIP WACHULA, FL 33873

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LUCATERO-ZAMORA, IGNACIO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 5001292351 ☒ Change ☐ Addition
NAME 05/14/08--01006--020 **150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 5001292351 ☒ Change ☐ Addition
NAME 05/14/08--01006--021 **150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ignacio Lucatero 04-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS