

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 273830

1. Corporation Name

GLADES GROWERS, INC.

Principal Place of Business

PO BOX 1266
313 E. CRESCENT DRIVE
CLEWISTON FL 33440

Mailing Address

PO BOX 1266
313 E. CRESCENT DRIVE
CLEWISTON FL 33440

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1111998

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
STD	LARSEN, ELLEN	313 EAST CRESCENT DRIVE	CLEWISTON FL
VD	LARSEN, ERIK C	243 W PARK AVE	WINTER PARK FL
PD	LARSEN, KARL E.	1001 S.E. 2ND STREET	BELLE GLADE FL

REINSTATEMENT

800002702188--2
-1243/98-01088-015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

LARSEN, ELLEN
313 E CRESCENT DR
CLEWISTON FL 33440

9. Name and Address of New Registered Agent

Name Karl E. Larsen
Street Address (P.O. Box Number is Not Acceptable)
313 E. Crescent Dr.
Suite, Apt. #, Etc.

City Clewiston

State FL Zip Code 33440

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl E. Larsen President

11/15/98

Date Daytime Phone #