

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 361157

1. Corporation Name

Growth Properties, Inc.

Principal Place of Business

Mailing Address

\$ 600.00 - Reinst. Fee  
150.00 - 97-AR  
150.00 - 98-AR

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

2. New Principal Office Address, If Applicable  
703 NE 1st Street

3. New Mailing Office Address, If Applicable  
P O Drawer 1589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, Florida

City & State  
Gainesville, Florida

Zip Country  
32601 Alachua

Zip Country  
32602 Alachua

4. Date Incorporated or Qualified  
To Do Business in Florida

3-16-70

5. FEI Number

59-1346606

Applied For

Not Applicable

6. 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
P.S/D	James D. Salter	703 NE 1st Street	Gainesville, FL 32601

REINSTATEMENT 97-98

CM

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James D. Salter

Street Address (P.O. Box Number is Not Acceptable)

703 NE 1st Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

James D. Salter

REGISTERED AGENT MUST SIGN

Date 3-4-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Via President

3-4-98

Date

352-376-8201

Daytime Phone #

CR2E040 (12/96)