

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 21 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839176**

1. Corporation Name

GROWTH ORIENTATION, INC.

Principal Place of Business

Mailing Address

STAR ROUTE 2 BOX 511
288 LUCKY LANE
BRACY VA 23919
US

STAR ROUTE 2 BOX 511
288 LUCKY LANE
BRACY VA 23919
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		09/22/1977
5. FEI Number	51-0217400	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MARTIN J. STACK	288 LUCKY LANE	BRACEY VA , 23919
VTD	TAYLOR, SHEILA R.	112 POPULAR CREEK RD	BRACEY VA , 23919
DV	WILLIAM E. STACK	239 LUCKY LANE	BRACEY VA , 23919

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATTAWAY, HERBERT B.
ROUTE 14 BOX 554
LAKE CITY FL 32055

Name
DAVID D. BACHMAN
Street Address (P.O. Box Number is Not Acceptable)
2114 OX BOTTOM ROAD
Suite, Apt. #, Etc.

City
TALLAHASSEE State **FL** Zip Code **32312**

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

David D. Bachman **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **12-17-98**

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:

Sheila R. Taylor **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/98 (252) 586-2709

Date Daytime Phone #