

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **G30768**

1. Corporation Name  
**PLANTATION SPICE GROWERS, INC.**

Principal Place of Business  
POST OFFICE BOX 204  
GOULDS FL 33170

Mailing Address  
POST OFFICE BOX 204  
GOULDS FL 33170

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/29/1983**

5. FEI Number **59-2284583**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SMOLENY, CHARLES JR.	SE CORNER OF 137 AVE. & 216 ST.	GOULDS FL 33170
STD	SMOLENY, STORMY	SE CORNER OF 137 AVE. & 216 ST.	GOULDS FL 33170

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMOLENY, CHARLES  
SE CORNER OF 137 AVE. & 216 ST.  
GOULDS FL 33170

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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 REQUIRED**

Date **12-1-98**

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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-1-98** Date **305-257-2306** Daytime Phone #

FILED

98 DEC -7 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (8/87)