

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 # H94290

1. Corporation Name GROWTH MANAGEMENT PLANNING, INC.

Principal Place of Business Mailing Address
2255 Glades Road, #219A Same as principal
Boca Raton, FL 33433-9984

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

2. New Principal Office Address, If Applicable 4770 N.W. Boca Raton Blvd. Suite, Apt. #, etc. Suite C City & State Boca Raton, FL 33431 Zip 33431 Country USA		3. New Mailing Office Address, If Applicable same as new principal Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 01/13/1986	
5. FEI Number 59-2634273				Applied For Not Applicable	
5. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

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
PDC	William L. Knight	4770 NW Boca Raton Blvd. Suite C	Boca Raton, FL 33431
V	Mark Schreiber	4770 NW Boca Raton Blvd. Suite C	Boca Raton, FL 33431

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM L. KNIGHT
4770 N.W. Boca Raton Blvd., Suite C
Boca Raton, FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *William L. Knight*
REGISTERED AGENT MUST SIGN

Date 11/2/99

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: *William L. Knight*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/2/99 Daytime Phone #

CR200-0 (1/98)



(2)

ACCOUNT NO. : 072100000032

REFERENCE : 457080 81763A

AUTHORIZATION : Patricia Pappas

COST LIMIT : \$ 758.75

ORDER DATE : November 3, 1999

ORDER TIME : 10:45 AM

ORDER NO. : 457080-005

CUSTOMER NO: 81763A

CUSTOMER: Keith C. Austin, Jr.
Keith C. Austin, Jr., P.a.
340 Royal Palm Way, 1st Floor

Palm Beach, FL 33480

DOMESTIC FILINGS

NAME: GROWTH MANAGEMENT PLANNING,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 NOV -3 AM 11:29

RECEIVED