

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K43874

1. Corporation Name

AFFILIATED GROWERS, INC.

000004880240--9

02/05/02--01046--004

***1508.75 ***1508.75

2. Principal Office Address

9301 SW 92 AVE.

Suite, Apt. #, etc.

A111

City & State

MIAMI, FL

Zip Country

33126 USA

3. Mailing Office Address

PO BOX 92-0410

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip Country

33192-0410 USA

REINSTATEMENT 96-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

7 NOVEMBER 1988

5. FEI Number

650084089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS J. O'DONOVAN

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

9301 SW 92 AVE.

Suite, Apt. #, Etc.

A111

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Dennis J. O'Donovan
REGISTERED AGENT MUST SIGN

Date

12/20/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P T/S	DENNIS J. O'DONOVAN	9301 SW 92 AVE. -A111	MIAMI, FL 33126

10. 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:

DENNIS J. O'DONOVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01

Date

305-596-9951

Daytime Phone #

CR2E081 (9/00)