

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62942

1. Corporation Name

Pacific Growers Inc. of Florida

800004474688--3

-07/13/01--01069--027

***1350.00 ***1350.00

2. Principal Office Address

2880 NW Second Ave

Suite, Apt. #, etc.

Bldg. 4

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2880 NW Second Ave

Suite, Apt. #, etc.

Bldg. 4

City & State

Boca Raton, FL

Zip

33431

Country

USA

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

02/02/1989

5. FEI Number

65-0107751

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

Charles E Vickery

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

2880 NW Second Ave

Suite, Apt. #, Etc.

Bldg. 4

City

Boca Raton

State

FL

Zip Code

33431

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

Charles Vickery

REGISTERED AGENT MUST SIGN

Date 6.11.01

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
Pres.	Lisa Vickery	6021 Via Venetia N.	Delray Beach, FL 33484
VPD	Mark Tucker	1420 NE 17th Terrace	Ft. Lauderdale, FL 33304
	200.00-Adm		
	61.25-AR		
	88.75-ARSUP		
	REINSTATEMENT 97-01		

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:

Lisa Vickery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6.11.01

Daytime Phone #

CR2E081 (9/99)