

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 24 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000037986

1. Corporation Name

Growers Outlet U.S.A., Inc

2. Principal Office Address

1950 A Road

Suite, Apt. #, etc.

City & State

Loxahatchee, Florida

Zip

33470

Country

US

3. Mailing Office Address

1950 A Road

Suite, Apt. #, etc.

City & State

Loxahatchee Florida

Zip

33470

Country

US

REINSTATEMENT

0509

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

04/08/2002

5. FEI Number

20-2174243

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

Sharon Wagner

Street Address (P.O. Box Number is Not Acceptable)
1950 A Road

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Sharon Wagner

Date

REGISTERED AGENT MUST SIGN

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
P/D	Richard Wagner	1950 A Road	Loxahatchee, Fl. 33470
V/D	Sharon Wagner	1950 A Road	Loxahatchee, Fl 33470

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:

Sharon Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

561-662 0580

Daytime Phone #

CR2E081 (01/05)