2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000068593

1. Entity Name
JENNIFER GROWERS INC

Principal Place of Business	Mailing Address
PO BOX 1928 ZOLF SPRING, FL 33890 US	PO BOX 1928 ZOLF SPRING, FL 33890 US

04282008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
512 SUMMER RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WACHULA, FL	City & State
Zip: 33873 Country	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREJO, LUIS A 14644 MLK BLVD DOVER, FL 33527	Name: Ignacio Lucatero Street Address (P.O. Box acceptable): 512 SUMMER RD. City: WACHULA FL Zip Code: 33873

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ignacio Lucatero 04-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUCATERO-ZAMORA, LUCATERO 512 SUMMER RD WACHULA, FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUCATERO-ZAMORA, IGNACIO	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUCATERO, FRANCISCO 512 SUMMER RD WACHULA, FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500129235117PS 05/14/08--01006--020 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC LUCATERO, MODESTO 512 SUMMER RD WACHULA, FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete KS	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500129235117PS 05/14/08--01006--021 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07-08	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ignacio Lucatero 04-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS