

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003916

1. Corporation Name

GROWTH UNLIMITED FARMS, INC.

Principal Place of Business

11280 ST. JOHNS INDUSTRIAL PKWY  
JACKSONVILLE FL 32246  
US

Mailing Address

11280 ST. JOHNS INDUSTRIAL PKWY  
JACKSONVILLE FL 32246  
US

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

2. New Principal Office Address, If Applicable

END of Pierce Rd.  
Glen St. Mary, FL  
City & State

3. New Mailing Office Address, If Applicable

3750 Cricket Cove Rd. E.  
Jacksonville,  
City & State

4. Date Incorporated or Qualified  
To Do Business In Florida

01/04/1994

5. FEI Number

59-3226037

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

32040

Country

Baker

Zip

32224

Country

Duval

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
P	CHASTANG, GRAYLIN N.	3750 CRICKET COVE RD. E.	JACKSONVILLE FL
VPT	CHASTANG, VICKI G.	3750 CRICKET COVE RD. E.	JACKSONVILLE FL
S	LORENZ, BETTY J.	108 LAMPLIGHTER ISLAND CT.	PONTE VEDRA BEACH FL
			800002375738--0 -12/17/97--01110--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHASTANG, VICKI G  
3750 CRICKETT COVE RD. E.  
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Vicki G. Chastang  
REGISTERED AGENT MUST SIGN

Date 12/15/97

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:

Vicki G. Chastang  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97  
Date

904 - 223-3010  
Daytime Phone #

CR2040 (8/97)