## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR · REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000002429

1. Corporation Name

GROWTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED 97 JAN 21 PM 2: 21 SEGRETARY OF STATE TALLAHASSEE, FLORIDA



5801 SUNCREST DRIVE MIAMI FL 33156		5801 SUNCREST DRIVE MIAMI FL 33156			1 (1871)   17   17   17   17   17   17   17				
If above addresses are incorrect in any way, line through incorrect information and enter correction to 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4. Date Incorp	porated or Qualified			
Suite, Apt. #, etc.	Suite Ant # e	Suite, Apl. #, etc.			To Do Business in Florida 01/10/1995				
		Suite, Apr. #, e				5. FEI Number Applied For			
City & State		City & State				572/35		Not Applicable	
Zip	Country	Zip	Count	ry	6. CERTIFICAT	TE OF STATUS DESIRED		ional Fee required ificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s) Name of Officers and/or Directors 2			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box						
PI	Dale W. Fi	rick	5801 Su	increst I	)rive	miami,	FI.	33156	
			1949-194-4				·		
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				875 F* 11	llOTA:		7.4	12+17	
					<b>NSTA</b>	EMENIG	6		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
EN INDO IND				Name Dale W. Frick					
FILINGS INC. 3732 N.W. 16		Street Address (P.O. Box Number is					CP2E040 (7/96)		
	OALE FL 33311	Suite, Apt. #, Etc.							
				City Mia	· ·		State Zip C	3156	
10. 1, being appointe	ed the registered agent of the a	bove named corpor	ation, am familiar v				<u>. حا</u> ا	206	
signature of tegistered Agent		LW F	mich NT MUST SIGN	e e e e e e e e e e e e e e e e e e e		Date 9/2	196	,	
11. Does th Dept. of	is corporation pay Revenue under S	any intangi	ible tax to t	ne tutes. Yes	₩ No [		er side for inf intangible ta		
this reinstatemen owed by the corp	an officer or director or the rec at application, the reason for dis coration have been paid and th on is true and accurate, and my	ssolution has been e e names of individu	eliminated, the corp als listed on this fo	porate name satisfies orm do not qualify for	s the requirement r an exemption u	ts of section 607.0401 or 6	17.0401, F.S	i., that all fees	
SIGNATURE:	Jule W. 7 SIGNATURE AND TYPED OR F	PRINTED NAME OF S	Dale IGNING OFFICER OF	W. Fr	ick	9/30/96	3056 Daytime Pr	62-4222 None #	