

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **095000015905**

1. Corporation Name  
**South Florida GROWING, INC.** W-24067

Principal Place of Business Mailing Address

**12484 N.W. S. RIVER AVENUE** **P.O. BOX 833275**  
**MIAMI, FL 33178** **MIAMI, FL 33283**

**REINSTATEMENT 98-00**

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 2-27-95	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		5. FEI Number 65-0678227	
City & State N/A		City & State N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip N/A	Country N/A	Zip N/A	Country N/A	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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.	VICENTE E. FERRANDO	14887 S.W. 60th STREET	MIAMI, FL 33193

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VICENTE E. FERRANDO 14887 S.W. 60th STREET MIAMI, FL 33193		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code- FL	

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 *[Signature]* Date **11/14/00**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

