PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 29 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052894

1. Corporation Name
Commerical Growers Inc

Principal Place of Business — Mailing Address
1305 W Martin Luther King Blvd
Plant City Fl
Unit 1 33566

97-99

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

2. New Principal Office Address, If Applicable: Same
Suite, Apt #, etc: Unit 1
City & State: Plant City
Zip: 33566 Country: Hillsbough

3. New Mailing Office Address, If Applicable: Same
Suite, Apt #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: July 3 1995
5. FEI Number: 59-3341033 Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Scott Ogburn	113 Lakeview DR	Auburndale Fl 33823

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-05/04/99--01029--018
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Scott Ogburn
Street Address (P.O. Box Number is Not Acceptable): 1305 W. Martin Luther King Bl
Suite, Apt. #, Etc: Unit 1
City: Plant City Fl State: FL Zip Code: 33566

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: Scott Ogburn — REGISTERED AGENT MUST SIGN Date

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: Scott Ogburn Scott Ogburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)