

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000029710

1. Corporation Name

PRIMEGrowth, INC

2. Principal Office Address

11300 U.S. HWY. ONE

Suite, Apt. #, etc.

SUITE 400

City & State

N. PALM BCH., FL

Zip

33408-3296

Country

USA

3. Mailing Office Address

638 N. U.S. HWY. ONE

Suite, Apt. #, etc.

#214

City & State

TEQUESTA, FL

Zip

33469-2397

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-96

5. FEI Number

59-3370483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM J. RAHUBA

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

10263 BREEZEWAY PLACE

Suite, Apt. #, Etc.

City

BOCA RATON, FL 33428

State

FL

Zip Code

33428

300004086099-2
-04/30/01--01002-017
****308.75 ****308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-5-2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	CEDENO, LIDIA E.	638 N. U.S. HWY ONE, #214	TEQUESTA, FL 33469-2397
			m.w

10. 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:

LIDIA E. CEDENO 4-5-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPTS

Date

Day:

561-744-1575

CR2E081 (9/00)

18292

PrimeGrowth, Inc.
638 N. U.S. Hwy One, #214
Tequesta, Fla. 33469-2397

P96000029710

Fla. Dept. of State
Div. Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2nd REQUEST
3-8-01

December 28, 2000

REQUEST FOR ABATEMENT OF LATE PENALTY FEE BECAUSE FLA. DEPT. OF STATE
MAILING ADDRESS ERROR

Dear sirs:

Enclosed is a copy of the reinstatement form for the above corporation. We do not recall nor have records of receiving of any forms, nor as listed in IMPORTANT FACTS, the

Enclosed list 2000-001

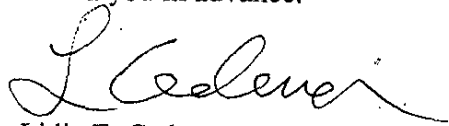
"Second notice of reports/uniform business reports, informing each corporation that it would be dissolved/revoked on or after September 13 if the report was not filed, were sent to the last address provided to this office by June 9 of this year."

After reading this fact, we checked your mailing address listed on the APPLICATION FOR REINSTATEMENT and discovered that the zip code on your mailing address record was incorrect thus explaining why we did not receive the May 1 due forms nor any others until the reinstatement form. You incorrectly listed the mailing address zip code as 33460 when it should have been 33469.

Your records do show, on the listing of officers, that you had the correct address and zip code of 33469, so we know that we did provide you with correct address however somehow it was not properly transcribed when you listed the mailing address.

Accordingly, we request an abatement of the \$600 late filing penalty.

Thank you in advance.



Lidia E. Cedeno
President