

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR



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

FILED

00 OCT 19 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000039414

1. Corporation Name

GROWERNET SOLUTIONS, INC.

Principal Place of Business

8611 W KNIGHTS GRIFFIN RD
PLANT CITY FL 33565
US

Mailing Address

8611 W KNIGHTS GRIFFIN RD
PLANT CITY FL 33565
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6444438

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	GROSSMAN, RICK	4874 SANDSTONE CT	EVANS GA 30809
VP	D'ASCENSIO, PAUL	70 BARCLAY COMMONS	DANBURY CT 06811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKE, ADRIAN K
12117 WILDBROOK DR.
RIVERVIEW FL 33568

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

Date 10/13/00

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

10/13/00

013 740 7038

20f2

October 13, 2000

Adrian Burke
GrowerNet Solutions, Inc.
FEI #: 59-6444438
P.O. Box 850
Riverview, FL 33565-0850

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation earlier today with one of your representatives, I am enclosing a second check (# 1036) in the amount of \$150.00 for our 2000 corporate filing with the Department of State. The original check was issued in April of this year. As of today, it still has not been cashed, nor returned to us.

Thank you.

Regards,



Adrian K. Burke
President
GrowerNet Solutions, Inc.