

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015342

1. Corporation Name

UNITED GROWERS CORP.

Principal Place of Business

3555 NW 82 AVE  
MIAMI FL 33126

Mailing Address

3555 NW 82 AVE  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/1999

5. FEI Number

65-0903477

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 3	City / State / Zip 4
PSTD	CHRISTIANSEN, MICHAEL P	16529 NORTHEAST 26TH AVENUE	N MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

CHRISTIANSEN, MICHAEL  
3555 NW 82 AVE  
MIAMI FL 33126

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12.27.02

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.27.02 3054379100

CR2E040 (8/02)

**UNITED GROWERS CORP**

*3555 NW 82 Avenue*

*Miami, Florida 33126*

*305-437-9700*

December 27, 2002

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

RE: United Growers Corp.  
FEI# 65-0903477  
Document #P99000015342

Attention Department:

Regarding the above referenced corporation, enclosed is the completed application for reinstatement and the filing fee of \$150.00 plus an additional \$8.75 for a Certificate of Status.

We respectfully request the reinstatement fee be waived due to the fact that the two prior UBR notices for this corporation were not received in our offices.

We appreciate your consideration and thank you in advance,

UNITED GROWERS CORP.



Michael Christiansen  
President