

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

300009769253
12/31/02--01057--008 **158.75



DOCUMENT # P99000015342

1. Corporation Name
UNITED GROWERS CORP.

Principal Place of Business Mailing Address
3555 NW 82 AVE 3555 NW 82 AVE
MIAMI FL 33126 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
3. New Mailing Office Address, If Applicable
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 [X] \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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 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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* 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]* REGISTERED AGENT MUST SIGN
Date 12.27.02 Daytime Phone # 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