

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

|   |  |                                 |   |   |         |
|---|--|---------------------------------|---|---|---------|
| DOCUMENT # P99000050786   |  |                                 |   |   |         |
| 1. Entity Name<br>LET'S GROW TOGETHER, INC.   |  |                                 |   |   |         |
| Principal Place of Business<br>33 S.E. 1ST AVE<br>DELRAY BEACH, FL 33444  |  |                                 | Mailing Address<br>33 S.E. 1ST AVE SUITE 101<br>DELRAY BEACH, FL 33444                              |   |         |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.<br><i>Same as above</i>   |  |                                 | Suite, Apt. #, etc.<br><i>Same as above</i>   |   |         |
| City & State<br><i>Same as above</i>  |  |                                 | City & State<br><i>Same as above</i>  |   |         |
| Zip   |  | Country                         | Zip   |   | Country |
| 4. FEI Number<br>65-0971836   |  |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |   |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |                                 | \$8.75 Additional Fee Required  |   |         |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent   |   |         |
| RICHARDSON, GLORIA C<br>4754 FOX HUNT TRAIL<br>BOCA RATON, FL 33487   |  |                                 | Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City<br>FL Zip Code |   |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |                                 |   |   |         |
| SIGNATURE: <i>Gloria C. Richardson</i> Gloria C Richardson 10-26-04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                 |   |   |         |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2005, Fee will be \$300.00  |  |                                 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.        |   |         |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>RICHARDSON, GLORIA C<br>4754 FOX HUNT TRAIL<br>BOCA RATON, FL 33487           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 000042352480<br>11/01/04--01048--021 **158.75 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>WILSON, MINERVA<br>208 N.W. 8TH AVE<br>DELRAY BEACH, FL 33444                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MOORE, DOREENE <del>DUREENE</del><br>10735 EMPEROR ST<br>BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                 |   |   |         |
| SIGNATURE: <i>Gloria C. Richardson</i> Gloria C Richardson 10-26-04 1/56/279-2080<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |                                 |   |   |         |