


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--|---|--|---|--|
| CORPORATION 2000-2001 UBR | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P990000096884 | | | | | |
| 1. Corporation Name Florida Growth Fund, Inc. | | | | | |
| 2. Principal Office Address 6801 Lake Worth Rd Suite, Apt. #, etc. Rm 209 City & State Lake Worth FL Zip 33467 Country U.S.A. | | | 3. Mailing Office Address 6801 Lake Worth Rd. Suite, Apt. #, etc. Rm 209 City & State Lake Worth FL Zip 33467 Country U.S.A. | | |

| | |
|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 11/03/99 | |
| 5. FEI Number 65-0965039 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name Emmanuel J. Manos | | | |
| Street Address (P.O. Box Number is Not Acceptable) 6801 Lake Worth Rd - Rm 209 | | | |
| Suite, Apt. #, Etc. Suite 209 | | | |
| City Lake Worth | | State FL | Zip Code 33467 |

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

Emmanuel J. Manos

REGISTERED AGENT MUST SIGN

Date 3/9/2001

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 |
|---------------|--|---|---------------------------|
| D/P/S | Emmanuel J. Manos | 6801 Lake Worth Road - Rm 209 | Lake Worth, FL 33467 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Emmanuel J. Manos Emmanuel J. Manos 3/9/2001 861-433-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



2022

florida business development corporation

March 20, 2001

VIA CERTIFIED MAIL
7106 4575 1292 2536 2331

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

RE: Florida Growth Fund, Inc.
Document # P99000096884

Dear Sir or Madam:

Enclosed please find our application for reinstatement together with a check in the amount of \$300.00 that represents payment of the annual fees for the years 2000 and 2001.

For your information, Florida Growth Fund, Inc. was incorporated on November 3, 1999. Since that date, we have not received any correspondence from the State of Florida providing the documentation required to file our annual report(s). For this reason, I believe the enclosed check for payment of the annual fees should be accepted in lieu of the reinstatement fee.

I am also enclosing a check in the amount of \$8.75 so you may provide our registered agent with a Certificate of Status confirming Florida Growth Fund, Inc. is in good standing with the State of Florida.

Thank you for your time and attention to this matter. If you have any questions or comments, please call me direct at (800) 450-8572.

Sincerely,

Paula O'Brien
Vice President

6801 lake worth rd. • room 209
lake worth • florida • 33467

phone (561) 433-0233
fax (561) 433-8545