

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

1997 NOV 20 PM 3:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **S59041**

1. Corporation Name  
**AG GROWERS, INC.**

Principal Place of Business Mailing Address  
~~RT 1 BOX 2169~~ OKLAWAHA FL 32179  
 OKLAWAHA FL 32179



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	
Suite, Apt. #, etc. <b>9194 S.E. 170<sup>th</sup> AVE RD</b>		Suite, Apt. #, etc.		<b>06/07/1991</b>	
City & State <b>OKlawaha FL</b>		City & State		5. FEI Number	
Zip <b>32179</b>		Country		<b>59-3076838</b>	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<b>\$8.75 Additional Fee required for a Certificate of Status</b>					

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DAVID R. WILKINS	ROUTE 1 BOX 2169 N/A	OKLAWAHA FL
S	SHIRLEY WILKINS	ROUTE 1 BOX 2169 N/A	OKLAWAHA FL

**REINSTATEMENT**

*07/16/97  
11/20/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILKINS, SHIRLEY RT 1 BOX 2169 OKLAWAHA FL 32179		Name <b>400002354594--6</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>11/21/97-01104-012</b>	
		Suite, Apt. #, Etc. <b>***750.00 ***750.00</b>	
		City	
		State <b>FL</b> 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 Shirley Wilkin REGISTERED AGENT MUST SIGN Date 11-4-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: Shirley Wilkin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11-4-97 Daytime Phone #

CR2E040 (9/97)