

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 JUL -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J25233**

1. Corporation Name

GROWERS INTERNATIONAL, INC.

Principal Place of Business

**8005 NW 29 Street
Miami, FL 33122**

Mailing Address

**P.O. Box 451200
Miami, FL 33245-1200**

REINSTATEMENT

94-97

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

2. New Principal Office Address, If Applicable

8005 NW 29 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 451200
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

7/86

5. FEI Number

59-2712725

Applied For

Not Applicable

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33245-1200

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D S, T	Carlos Ponce	8005 NW 29 Street	Miami, FL 33122

600002235466--0
-07/10/97--01111--009
*****1253.75 ***1253.75**

8. Name and Address of Current Registered Agent

Howard B. Emory, Esq.
9100 S. Dadeland Blvd., #910
Miami, FL 33156

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-8-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Carlos Ponce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/97
Date

(305)477-9003
Daytime Phone #

CR2E040 (1/2/96)