SEE REVERSE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 30 AM 8:01

DOCUMENT # 577326

1. Corporation Name
REDMAR GROVES, INC.

000009686360
12/26/02--01015--018 **300.00

01-02 4BR

2. Principal Office Address	3. Mailing Office Address
2286 SW 2ND CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
OKEECHOBEE, FL	
Zip 34974 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 6-28-78

5. FEI Number 59-1840799 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ROBERT L. PHILLIPS

Street Address (P.O. Box Number is Not Acceptable): 2286 SOUTHWEST 2ND CT.

Suite, Apt. #, Etc.:

City: OKEECHOBEE State: FL Zip Code: 34974

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: Robert L. Phillips Date: 12/23/2002
REGISTERED AGENT MUST SIGN

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
PTD	ROBERT L. PHILLIPS	2286 SW 2ND CT.	OKEECHOBEE, FL 34974
VD	CAROL P. GLATZ	17 LAKE BLUFF DR.	ORMOND BEACH, FL 32174
D	BARBARA P. MARTIN	2031 MOUNTAIN CREEK DR.	STONE MOUNTAIN, GA 30087

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: Robert L. Phillips Pres. 12/23/2002 863-763-1658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/30/02 ao