

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **96000093724**

1. Corporation Name:
Gruppe R. Limited, Inc.

339 6th Ave West
Bradenton, FL 34205

2. Principal Office Address
339 6th Ave West

3. Mailing Office Address
Bradenton, FL 34205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton

City & State
Bradenton

Zip
34205-8820

Country
US

Zip
34205-8820

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/1996

5. FEI Number
65-0705384

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name
Richard D. Rath

Street Address (P.O. Box Number is Not Acceptable)
339 6th Ave West

Suite, Apt. #, Etc.

City
Bradenton

State Zip Code
FL 34205-8820

000039346760
07/20/04--01063--002 **1058.75

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 *Richard D. Rath*
REGISTERED AGENT MUST SIGN

Date 07/19/04

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
P	Richard D. Rath	339 6th Ave West	Bradenton, FL 34205

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: *Richard D. Rath*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/04

Date

941-745-1836 x 330

Daytime Phone #

CR2608T (07/04)