

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 22 PM 12:34

DOCUMENT # P99000037039

1. Corporation Name

AXEL PETERSON GROVES, INC.

Principal Place of Business

6755 37TH ST.
VERO BEACH FL 32966

Mailing Address

6755 37TH ST.
VERO BEACH FL 32966



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

5. FEI Number

65-0920106

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Axel T Peterson Jr	6755 37th St	Vero Beach, FL 32966

8. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DR.
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

Rosemarie C. Hatch

Street Address (P.O. Box Number is Not Acceptable)

1422 20th Street

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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

Rosemarie C. Hatch
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/2000

11. 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:

Axel Peterson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000 561-5626250
Date Daytime Phone #

Axel T Peterson Groves, Inc.
6755 37th Street
Vero Beach, FL 32966

November 16, 2000

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

Dear Mr. Dunlap:

In accordance with your letter dated October 26, 2000 (copy enclosed) we never received your the correspondence you sent in March.

Also enclosed is our application.

Thank your for your consideration in this matter.

Respectfully submitted,



Axel T. Peterson, Jr.

encl