

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 98 NOV 23 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 630947 1. Corporation Name Floridian Groves, Inc.					
Principal Place of Business 4602 Dogwood Hills St. Brandon, FL 33511		Mailing Address 4602 Dogwood Hills Ct. Barndon, FL 33511			
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 7/26/79	
5. FEI Number 59-1933790				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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
DP	Patrice Pochez	4602 Dogwood Hills Ct.	Brandon, FL 33511		
AS	Joseph Edwards	One Tampa City Center, Suite 2100	Tampa, FL 33602		
D	Olivier Mazeaud	4602 Dogwood Hills Ct.	Brandon, FL 33511		
D	Alain Randon	4602 Dogwood Hills Ct.	Brandon, FL 33511		
D	Poirson Nicolas	4602 Dogwood Hills Ct.	Brandon, FL 33511		
8. Name and Address of Current Registered Agent James I. Rickard, III 5100 West Kennedy Blvd. Tampa, FL 33609			9. Name and Address of New Registered Agent Name Claude Melli Street Address (P.O. Box Number is Not Acceptable) 4602 Dogwood Hills Court Suite, Apt. #, Etc. City Brandon State FL Zip Code 33511		
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 Date NOV 20 98 REGISTERED AGENT MUST SIGN					
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 name 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:			11.18.98 813-229-3321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph D. Edwards			Date Daytime Phone #		