

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

99 FEB 12 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 159662**

1. Corporation Name

**GROVE FRUIT PACKING CO., INC.**

Principal Place of Business

Mailing Address

1114 SOUTH MAIN AVE.  
GROVELAND FL 34736

POST OFFICE BOX 8  
GROVELAND FL 34736  
US

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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0603778

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	GERACI, JANE	1143 SOUTH KANSAS AVE 1143	GROVELAND FL 34736
SD	GERACI, MICHELE	8533 54TH AVE CIR EAST	BRADENTON FL 34202
VD	GERACI, RUDY	1143 S. KANSAS AVE.	GROVELAND FL 34736
TD	GERACI, ANITA	1125 12TH STREET	CLERMONT FL 34711
			900002778479--3 -02/17/99--01075--017 ***750.00 ***750.00 900002778479--3 -02/17/99--01075--018 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of Agent

GERACI, JANE 1143 S. KANSAS AVENUE GROVELAND FL 34736	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

*Jane Geraci*

REGISTERED AGENT MUST SIGN

Date 2/1/1999

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 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:

*Jane Geraci*  
JANE GERACI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/1999

Date

352-429-2992

Daytime Phone #

CR2040 (9/98)