

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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9700AR



FLORIDA DEPARTMENT OF STATE
 Andrew B. W. ...
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

FILED

98 MAR -3 PM 1:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **197423**

1. Corporation Name
SHIRLEY GROVES INC

Principal Place of Business Mailing Address
915 N SHORE DRIVE MIAMI BEACH FL 33141 **11634 Losano Drive Boynton Beach FL 33437**
915 N SHORE DRIVE MIAMI BEACH FL 33141



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		11/07/1956	
City & State		City & State		5. FEI Number 59-6062264	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	RUVIN, HARVEY	915 NORTH SHORE DRIVE	MIAMI BEACH FL
D	HAFT, MARY RUVIN	11634 LOSANO DRIVE Boynton Beach FL 33437	200002446112-9 -03/03/98 01097-008 ***315.00 ***315.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RUVIN, HARVEY 915 N. SHORE DR. MIAMI BEACH FL 33141		Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City State FL Zip Code 33437	

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: **Mary Ruvin Haft** Date: **2/10/98**
 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 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: **Mary Ruvin Haft** Date: **2/24/98** Daytime Phone # **5353**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP25040 (8/97)

ALFRED L HAFT & MARCY RUVIN HAFT

(2)

Doing Business as Shirley Groves

Marcy Ruvin Haft %
Shirley Groves
11634 Losano Drive
Boynton Beach FL 33437

Gentlemen:

Enclosed is our check for \$15 for 1997 & 1998
Corporate Reinstatement.

Please change corporate address to the ABOVE as
we did not get the previous notice.

Thank you

Alfred L. Haft.