

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
ANDREW B. WELLS
Secretary of State
DIVISION OF CORPORATIONS

9700AR

FILED

98 MAR -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197423

1. Corporation Name

SHIRLEY GROVES INC

Principal Place of Business

915 N SHORE DRIVE
MIAMI BEACH FL 33141
US

Mailing Address

915 N SHORE DRIVE
MIAMI BEACH FL 33141
US

11634 Losano Drive
Boynton Beach
FL 33437



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

11/07/1956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6062264

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	RUVIN, HARVEY	915 NORTH SHORE DRIVE	MIAMI BEACH FL
D	HAFT, MARY RUVIN	11634 LOSANO DRIVE Boynton Beach FL	33437
	Marcy Ruvin Haft % Shirley Groves 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

RUVIN, HARVEY
915 N. SHORE DR.
MIAMI BEACH FL 33141

Mary Ruvin Haft
11634 Losano Dr
Boynton Beach FL 33437

9. Name and Address of New Registered Agent

Name

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

Suite, 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

Marcy Ruvin Haft
REGISTERED AGENT MUST SIGN

Date 2/10/98

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:

Marcy Ruvin Haft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/98

Daytime Phone # 5353

CP25040 (8/97)

ALFRED L HAFT & MARCY RUVIN HAFT

2
Marcy Ruvlin Haft %
Shirley Groves
11634 Losano Drive
Boynton Beach FL 33437

Doing Business as Shirley Groves

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.