

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 220976

1. Corporation Name

LAKE HENRY GROVES INC.

2. Principal Office Address

2220 C-17 NORTH

3. Mailing Office Address

2220 C-17 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

Zip

33852

Country

USA

Zip

33852

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-25-59

5. FEI Number

596071327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MALCOLM WATTERS JR.

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

2220 C-17 NORTH

000029814880

03/03/04--01049--016 **900 00

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Malcolm Watters Jr.
REGISTERED AGENT MUST SIGN

Date 2-26-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Malcolm Watters Jr	2220 C-17 NORTH	LAKE PLACID FL 33852
STD	Jeanne Watters	111 Carey Av NW	LAKE PLACID FL 33852

10. 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.

8634652768

SIGNATURE:

Malcolm Watters Jr.

MALCOLM WATTERS JR 2-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)