

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 10 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 236252

1. Corporation Name

ST. PATRICK GROVES, INCORPORATED

2. Principal Office Address - No P.O. Box #

123 Pine Needle Ln

Suite, Apt. #, etc.

City & State

Altamonte Springs, Fl

Zip

Country

32714

Seminole

3. Mailing Office Address

123 Pine Needle Ln

Suite, Apt. #, etc.

City & State

Altamonte Springs, Fl

Zip

Country

32714

32714

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1960

5. FET Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

ACTIVE

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph M. Murasko

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

123 Pine Needle Ln

Suite, Apt. #, Etc.

City

Altamonte Springs, Fl

State

FL

Zip Code

32714

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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

Joseph M. Murasko

REGISTERED AGENT MUST SIGN

Date Nov 6, 2014

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
Pres	Joseph M. Murasko	123 Pine Needle Ln	Altamonte Springs, Fl 32714
Tres	Joseph M. Murasko	123 Pine Needle Ln	Altamonte Springs, Fl 32714

10. E-mail Address: jomarkmurasko@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Joseph M. Murasko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/14

Date

407 862 7259

Daytime Phone #