

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 256238

1. Corporation Name

HART GROVES & RANCH, INC.

2. Principal Office Address

3034 LAKE SHORE DR. W.

3. Mailing Office Address

200 - A JOHN KNOX ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

LEON

Zip

32303

Country

LEON

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/62

5. FEI Number

590978944

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

LARRY S. WOLFE

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

200 - A JOHN KNOX ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/29/03

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
PO	W. BENTHART	3034 LAKE SHORE DR. W.	TALLAHASSEE, FL 32312
S	VIRGINIA L. HART	3034 LAKE SHORE DR. W.	TALLAHASSEE, FL 32312

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.

SIGNATURE:

W. Benthart

W. BENTHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03 (850) 528-9102

Daytime Phone #

CR2E081 (10/02)