PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM	
APPLICATION 96 FOR REINSTATEMENT9	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			1		
DOCUMENT # 274909 1. Corporation Name GARFIELD GROVES CORPORATION				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business P.O. Box 1591 3420 Gandy Rd. Bartow, FL 33831 P.O. Box 1591 Bartow, FL 33831 Bartow, FL 33831				9000022157599 -06/18/9701064005 ****540.00 ****\$40.00		
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				Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			To Do Business in Florida 10/21/1963		
City & State		5. FEI Nun		82378	Applied For Not Applicable	
Žip Čountry	Zip	Country		6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	L or Director (Flori	da nonprofit corpora	tions must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
			420 Gandy Rd,		Bartow, FL 33830	
8. Name and Address of Current R	egistered Agen	t	REI		ANNUM Report (See 100 tes) SCC 4-9-97 Address of New Registered	
Ruster, Barbara J Post Office Box 1591 3420 Gandy Rd, Bartow, FL 33830			Name Barbara J, Ruster Street Address (P.O. Box Number is Not Acceptable) 3420 Gandy Rd Suite, Apl. #. Etc. City Bartow State Zig Code FL 33830			
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	ny intangi 199.032, I er or trustee emp ution has been e umes of individua	Florida Statu cowered to execute to liminated, the corporals listed on this form	his application as prate name satisfies and not qualify for a	rovided for in cha the requirements an exemption und	on intai opter 607 or 617, F.S. I further of section 607.0401 or 617.0	de for information ngible tax.) certify that when filing 401, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRIS	A RIVER OF SIGN	w tu aning officer or d	RECTOR AND	il 12, 19	941-53	33-2579