

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 23 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 276094

1. Corporation Name

ROGERS GROVES, INC.

Principal Place of Business

P.O. BOX 761
WINTER HAVEN FL 33880-0761

Mailing Address

P.O. BOX 761
WINTER HAVEN FL 33880-0761

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1963

5. FEI Number

59-1017637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-98

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
FD	RACE, HERBERT R.	3150 CYPRESS GARDENS ROAD	WINTER HAVEN FL
PD	RACE, CHARLES H., JR.	GREEN TURTLE CAY	ABACOS, BAHAMAS
SD	FREDERICK, JOANNE R.	105 W. NEW HAMPSHIRE AVE.	ORLANDO FL 32804
VD	SMITH, JEAN R.	1125 KELSO BOULEVARD	WINDERMERE FL
			300002440583--6 -02/25/98--01067--008 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

RACE, HERBERT R
3150 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

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

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

Herbert R. Race

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert R. Race

11/18/97
Date

(941) 324-7887
Daytime Phone #

682040 (8/97)