

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 PM 5:07

DOCUMENT # 302502

1. Corporation Name

SWITZERLAND GROVES INC

2. Principal Office Address

1300 Florida Blvd.
Neptune Beach, FL

Suite, Apt. #, etc.

City & State

Zip 32266

Country USA

3. Mailing Office Address: PO Box 51429

Jacksonville, FL 32240-1429

Suite, Apt. #, etc.

City & State

Zip 32240-1429

Country USA

REINSTATEMENT

99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-1-66

5. FEI Number

59-1300804

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

EDWARDS, THOMAS S.

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

1300 Florida Blvd.

Suite, Apt. #, Etc.

City

Neptune Beach

State
FL

Zip Code
32266

000004212320-8
-05/11/01--01038--028
***1058.75 ***1058.75

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

Thomas S. Edwards

REGISTERED AGENT MUST SIGN

Date 24 April 2001

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
PTD	Edwards, Thomas S. Sr.	1300 Florida Blvd.	Neptune Beach, FL, 32266
VSD	Lynda P. Edwards	Same	

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, 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:

Thomas S. Edwards

Thomas S. Edwards, 24 April 2001

Date

Daytime Phone #

904-247-7180