

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 302502

1. Corporation Name

SWITZERLAND GROVES INC

Principal Place of Business

~~1300 FLORIDA BLVD~~
~~NEPTUNE BEACH FL 32266~~
US 1463 Baylor Lane

Jacksonville, FL 32217

Mailing Address

P.O. BOX ~~5420~~ 10129
JACKSONVILLE FL ~~32247~~ 32247-0129

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.
1463 Baylor Lane

City & State
Jacksonville, FL

Zip
32217

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 10129

City & State
Jacksonville, FL

Zip
32247

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1966

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	EDWARDS, THOMAS S SR	1300 FLORIDA BLVD 1463 Baylor Lane	NEPTUNE BEACH FL 32266 Jacksonville, FL 32217
VSD	EDWARDS, LYNDIA P	1300 FLORIDA BLVD 1463 Baylor Lane	NEPTUNE BEACH FL 32266 Jacksonville, FL 32217

7000008806107
11/05/02--01053--011 **750.00

8. Name and Address of Current Registered Agent

EDWARDS, THOMAS S
~~1300 FLORIDA BLVD~~
NEPTUNE BEACH FL 32266

9. Name and Address of New Registered Agent

Name
Edwards, Thomas S
Street Address (P.O. Box Number is Not Acceptable)
1463 Baylor Lane
Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32217

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. or 617.0505, F.S.

Signature of
Registered Agent

THOMAS S EDWARDS
REGISTERED AGENT MUST SIGN

Date

1 Nov. 2002

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., 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Nov 2007-904-730-7183

Date

Daytime Phone #

CR2E040 (8/02)