


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                      |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br>04 DEC 13 AM 11:04 |                               |
|---|--------------------------------------|---|----------------|---|-------------------------------|
| DOCUMENT # 384567   |                                      |   |                |   |                               |
| 1. Corporation Name<br>S & B GROVES, INC.   |                                      |   |                |   |                               |
| 2. Principal Office Address<br>18400 SW 256th Street<br>Suite, Apt. #, etc.   |                                      | 3. Mailing Office Address<br>P. O. Box 900160<br>Suite, Apt. #, etc.  |                | REINSTATEMENT 95-04   |                               |
| City & State<br>Homestead, FL   |                                      | City & State<br>Homestead, FL   |                | 4. Date Incorporated or Qualified<br>To Do Business in Florida 06/28/1971     |                               |
| Zip<br>33031  | Country<br>USA                       | Zip<br>33090  | Country<br>USA | 5. FEI Number<br>591361798  | Applied For<br>Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                      |   |                | \$8.75 Additional Fee required<br>for a Certificate of Status                 |                               |
| 7. Name and Address of Current Registered Agent   |                                      |   |                |   |                               |
| Name<br>NEAL P. BROOKS, SR.   |                                      |   |                |   |                               |
| Street Address (P.O. Box Number Is Not Acceptable)<br>18400 SW 256th Street   |                                      |   |                |   |                               |
| Suite, Apt. #, Etc.   |                                      |   |                |   |                               |
| City<br>Homestead   |                                      |   |                | State<br>FL   | Zip Code<br>33031             |
| 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<br>Registered Agent <i>Neal P. Brooks, Sr.</i>   |                                      |   |                | Date <i>19 Nov 04</i>   |                               |
| REGISTERED AGENT MUST SIGN  |                                      |   |                |   |                               |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                      |   |                |   |                               |
| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   |                | City / State / Zip  |                               |
| PD  | Neal P. Brooks, Sr.                  | 18400 SW 256th Street   |                | Homestead, FL 33031   |                               |
| VD  | Abe Solomon                          | 18400 SW 256th Street   |                | Homestead, FL 33031   |                               |
|   |                                      |   |                |   |                               |
|   |                                      |   |                |   |                               |
|   |                                      |   |                |   |                               |
|   |                                      |   |                |   |                               |
| 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: <i>Neal P. Brooks, Sr.</i>   |                                      |   |                | Date <i>19 Nov 04</i>   |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |   |                | Daytime Phone #   |                               |

CR2E081 (01/04)