

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JAN -7 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Old  
Name  
Title*  
DOCUMENT # 397298

**1. Corporation Name**

Osgood Groves, Inc.

16547 Morningside Drive  
16547 Morningside Drive

**2. Principal Office Address**

16547 Morningside Drive

**3. Mailing Office Address**

16547 Morningside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montverde

City & State

Montverde

Zip

34756

Country

USA

Zip

34756

Country

USA

**REINSTATEMENT** 73-05

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

3-13-72

**5. FEI Number**  
59-1061046

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

B.B. Osgood

Street Address (P.O. Box Number is Not Acceptable)  
16547 Morningside Drive

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

**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

*B. B. Osgood*

Date *01/06/05*

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	B.B. Osgood	16547 Morningside Drive	Montverde, FL 34756
VP	William E. Osgood	221 S 6th Street	Wilmington, NC 28401
VP	Richard T. Osgood	25 E. SandyPoint Road	Poquoson, VA 23662
STD	Esther M. Johnson	704 Myrs Blvd.	Mascott, FL 34753
D	Kathleen C. Lavender	1341 Paradise Lane	Winter Park, FL 32792

**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)(l), 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:

*B. B. Osgood* B.B. Osgood

1/6/2005

(407) 469-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)