

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN -9 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449048

1. Corporation Name

JOSHUA CREEK GROVES, INC.

Principal Place of Business

220 S. POLK AVE.
P.O. BOX 550
ARCADIA FL 33821

Mailing Address

218 S POLK AVE
P.O. BOX 550
ARCADIA FL 33821
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1974

5. FEI Number

59-1604556

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	SUMMERALL, MYRTLE	2418 SE AIRPORT RD	ARCADIA FL
VTD	SUMMERALL, ROBERT JR	2418 SE AIRPORT RD	ARCADIA FL
PD	MIXON, BOBBY C.	1500 SE REYNOLDS ST	ARCADIA FL
V	MIXON, BARBARA	1500 SE REYNOLDS ST	ARCADIA FL

600009595896
12/19/02--01035--004 **600.00

8. Name and Address of Current Registered Agent

SUMMERALL, JR R L
2418 SE AIRPORT RD
ARCADIA FL 33821

9. Name and Address of New Registered Agent

Name

01/10/03--01002--008 **900.00

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Robert L. Summerall Jr.

REGISTERED AGENT MUST SIGN

Date 12-16-02

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:

SIGNATURE REQUIRED
Robert L. Summerall Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-02 (863) 494-1551

Date

Daytime Phone #

CR2E040 (8/02)