

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 22 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 488709

1. Corporation Name

DOUBLE-O-JAY GROVES, INC.

000086461920
01/23/07--01061--004 **1808.75

2. Principal Office Address
3045 10TH COURT

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

Zip
32960

Country
USA

3. Mailing Office Address
3045 10TH COURT

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

Zip
32960

Country
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/1975

5. FEI Number
59-1633015

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
NUTTALL, SCOTT A

Street Address (P.O. Box Number is Not Acceptable)
3111 CARDINAL DRIVE

Suite, Apt. #, Etc.

City
VERO BEACH

State
FL

Zip Code
32963

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

REGISTERED AGENT MUST SIGN

Date 11.21.06

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	ORTH, JAMES N	3045 10TH COURT	VERO BEACH, FL 32960

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. ORTH

Date

Daytime Phone #

1-115-07

473-3446