PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM
CORPORATION REI S DEMONT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	OZ MAR 25 PM 2: 14
DOCUMENT# 56449	6	
1. Corporation Name  JUICY ORANGE GROVES INC		
JUICY ORANGE G	Revis INC	
2. Principal Office Address	3. Mailing Office Address	
6849 CUBIA CIRCLE		05-14-01 90046 022 \$158.7
Suite, Apt. #. etc.	Suite, Apt. #, etc.	A Date incorporated as Outsided
City & State	City & State	To Do Business In Florids 12/14/17
BOYNTON BETCH, FL		5. FEI Number Applied For Not Applicable
Zip Country	Zlp Country	6. S8.75 Additional Fee required
33437		for a Certificate of Status
Management	7. Name and Address of Current Regist	tered Agent
Name JOHN S. K	CENNELLY ESQ	<u> </u>
Street Address (P.O. Box Numbor is N G8 4 9 Co B	lot Acceptable)	-04/08/0201051024 ****200_00****300.00
Suite, Apt. #, Etc.	OTA CIPCLE	****300.00
City		State Zip Code
BOYNDN BEACH		FL 33437
8. 1, being appointed the registered agent of the ab-	ove named corporation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S.
Signature of Date		
REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at	loast 3 directors)
Titles Name of Officers and for Directors	Street Address of Ea Officer and/or Direc	
		00 12 044 - 04-04 5- 23-21
	333 Key Phih	
V	act 333 cay Para	BOCA RATON FL 33432
		Mh N
		WN/5
		P <sup>3</sup>
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 filling this reinstallement 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 examption 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 eath.  30 Hw B. KENNETY  SIGNATURE:		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SOCNING OFFICER OR DIRECTOR Date Dayline Phone #		

JUICY ORANGE GROVES, INC 6849 COBIA CIRCLE BOYNTON BEACH, FL. 33437 PHONE 561-369-2345 FAX 561-369-2320

MARCH 22, 2002 DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL. 32314

RE: DOCUMENT # 564406 JUICY ORANGE GROVES, INC.

In April of 2001 we sent check # 12530 in the amount of \$158.75 along with the Uniform Business Report for the year 2001, and the check cleared the bank.

Enclosed is check # 12712 in the amount of \$300.00 to reinstate the corporation.

The balance of the penalty should be abated since we did not receive the report for the prior year.

Please send us the certificate of status.

Thanking you in advance.

Very truly yours,

JOHN B. KENNELLY, PRESIDENT