

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 577326

1. Corporation Name

REDMAR GROVES, INC.

Principal Place of Business

Mailing Address

2286 SW 2ND CT.
OKEECHOBEE FL 34974

2286 SW 2ND CT.
OKEECHOBEE FL 34974

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1978

5. FEI Number

59-1840799

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	GLATZ, CAROL P	17 LAKE BLUFF DR.	ORMOND BEACH FL 32174
PTD	PHILLIPS, ROBERT L	2286 SW 2ND CT.	OKEECHOBEE FL 34974
D	MARTIN, BARBARA P	2801 MOUNTAIN CREEK DR ADVENT CHRISTIAN Village/Box 4747	STONE MOUNTAIN GA 30087 DOWLING PARK, FL 32064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, ROBERT L
2286 SW 2ND CT.
OKEECHOBEE FL 34974

Name

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

Robert L. Phillips
REGISTERED AGENT MUST SIGN

Date 12/24/03

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:

Robert L. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Phillips

12/24/03
Date

863-763-6658
Daytime Phone #

CR2E040 (7/03)