

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -2 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693748

1. Corporation Name

BOYD GROVES, INC.

2. Principal Office Address

1093 AIA Beach Blvd # 276

Suite, Apt. #, etc.

#276

City & State

St. Augustine, Florida

Zip

32080

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

400023868174
10/17/03--01005--028 **750.00
REINSTATEMENT 03

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

07/09/1981

5. FEI Number

59-2137883

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

EUGENE W. BOYD

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

1093 AIA Beach Boulevard

Suite, Apt. #, Etc.

#276

City

St. Augustine

State

FL

Zip Code

32080

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

[Signature]

Date

9-26-03

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
P / D	EUGENE W. BOYD	1093 AIA Beach Blvd, #276	St. Augustine, FL 32080
VP / S / T	MARTIN G. BOYD	Post Office Box 490821	Leesburg, FL 34749

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)(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]

MARTIN G. BOYD

Date

6-26-03 352 787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

5416

CR2E081 (10/02)