

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MOVED
AND
FILED

98 DEC 30 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000990

1. Corporation Name

GROVES FINANCIAL GROUP, INC.

Principal Place of Business

10700 MONTGOMERY RD.
CINCINNATI OH 45242

Mailing Address

10700 MONTGOMERY RD.
CINCINNATI OH 45242

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1994

5. FEI Number

31-1342190

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	GROVES, TOBY L	1474 GREYSTONE LN	MILFORD OH
V	HICKS, CHERYL L	25 GRAYWOOD CT.	CENTERVILLE OH

3000002733553--C
-01/07/99--01080--001
****750.00 ****750.00

12/30

8. Name and Address of Current Registered Agent

GROVES, TOBY L
550 N. REO ST., STE 300
TAMPA FL 33609-1013

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/98 513/487-6446

CR2E040 (8/89)