

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001576

1. Corporation Name

GROENEVELD ATLANTIC SOUTH, INC.

Principal Place of Business

Mailing Address

18018 PALM BREEZE DRIVE  
TAMPA FL

18018 PALM BREEZE DRIVE  
TAMPA FL

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

2. New Principal Office Address, If Applicable

9633 PALM RIVER RD.

3. New Mailing Office Address, If Applicable

9633 PALM RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

Country

33619

U.S.A.

Zip

Country

33619

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1999

5. FEI Number

34-1888451

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTD	SLOTBOOM, NIEK P	1130 INDUSTRIAL PKWY NORTH	BRUNSWICK OH
P	GLASS, GREGORY K	18018 PALM BREEZE DR	TAMPA FL
VD	DEURSEN, JACQUES F	STEPHENSONWEG 12, GORINCHEN	POSTBUS 777, NEDERLAND
VSD	ADEL, ERIC R	STEPHENSONWEG 12, GORINCHEN	POSTBUS 777, NEDERLAND
			400003485534--2 -12/05/00--01011--011 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date 11-2-00

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:

*GREGORY K. GLASS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00  
Date

813.626.5600  
Daytime Phone #

CR2E040 (8/00)



2062

9633 Palm River Rd.  
Tampa, FL 33619  
October 17, 2000  
**RE: Application of Reinstatement**

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We received a Notice of Administrative Dissolution or Revocation on Saturday October 14, 2000. Prior to this notification we had not received any information in regards to the need of filing our 2000 corporation annual report/uniform business report. At this time we would like to have the reinstatement fee of \$600.00 waived. GROENEVELD Atlantic South, Inc. has only been in business for just over a year and we were not aware of having to reinstate every year.

We appreciate any effort in helping us resolve this matter. If we need to answer any questions please contact Joey Pizarro, Controller, at 813.626.5600.

Sincerely,

Gregory K. Glass  
President  
GROENEVELD Atlantic South, Inc.

JP