

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001576

1. Corporation Name

GROENEVELD ATLANTIC SOUTH, INC.

Principal Place of Business

Mailing Address

~~9633 PALM RIVER ROAD~~
~~TAMPA FL 33619~~

~~9633 PALM RIVER ROAD~~
~~TAMPA FL 33619~~



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

2. New Principal Office Address, If Applicable

7820 Professional Place

Suite, Apt. #, etc.

Suite #6

City & State

Tampa FL

Zip

33637

Country

USA

3. New Mailing Office Address, If Applicable

7820 Professional Place

Suite, Apt. #, etc.

Suite #6

City & State

Tampa, FL

Zip

33637

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SNIJDERS, JAN	1130 INDUSTRIAL PARKWAY NORTH	BRUNSWICK OH 44212
P	GLASS, GREGORY K	9633 PALM BREEZE DR Palm River Rd	TAMPA FL 33619
AS	SKUHROVEK, JOANNE SKUHROVEC, Joanne	1130 INDUSTRIAL PARKWAY NORTH	BRUNSWICK OH 44212
VSTD	VAN DEN ABEL, ERIC R	1130 INDUSTRIAL PARKWAY NORTH	BRUNSWICK OH 44212
VSTD	Bruinenberg, Jan	Stephensonweg 12	Gorinchem Postbus 777, Netherlands
500024179005 10/27/03--01118--012 **150.00			

8. Name and Address of Current Registered Agent

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

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

813.624.5600

CR2040 (7/03)



GROENEVELD
ATLANTIC SOUTH, INC.

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

RE: Application of Reinstatement

To Whom It May Concern:

We received a Notice of Administrative Dissolution or Revocation on Thursday, October 9, 2003. Prior to this notification, we had not received any information regarding the need of filing our 2003 corporation annual report/ uniform business report. At this time, we would like to have the reinstatement fee of \$600 waived. We have recently replaced the person responsible for this report, and she was not aware that we should have received and filed this report on an annual basis.

We appreciate any effort in helping us resolve this matter. If we need to answer any questions, please contact Marcie Henderson at 813-626-5600.

Sincerely,

Greg Glass
President
Groeneveld Atlantic South, Inc.