


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
05 AUG 16 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05
AUG 16 2005

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G54919

1. Corporation Name
F & L GROVES, INC.

2. Principal Office Address 1405 LUTHER RD Suite, Apt. #, etc. City & State BOWLING GREEN, FL Zip 33834 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State BOWLING GREEN, FL Zip 33834 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 08/19/1983	
5. FEI Number 59-25194501	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DOYLE W BRYAN		
Street Address (P.O. Box Number is Not Acceptable) 5036 POPLAR AVE		
Suite, Apt. #, Etc.		
City BOWLING GREEN, FL	State FL	Zip Code 33834

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 Doyle W. Bryan Date 3/2/05
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	DOYLE W BRYAN	5036 POPLAR AVE	BOWLING GREEN, FL 33834
VP	ELLA MAE CARLTON	1143 MOFFITT RD	2010 SPRINGS, FL 33890
ST	MICHAEL D MANLEY	203 S SEVENTH AVE	WAUCHULA FL 33873

100058787481
08/19/05--01056--007 **600.00

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: Doyle W. Bryan Date 3/2/05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZED81 (01/05)

PS 282

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873

863.773.6768 Fax: 863.773.4578

Certified Public Accountants

May 12, 2005

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

Dear sir or madam,

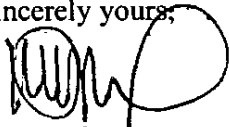
Attached is a reinstatement form for F & L Groves, Inc.

This corporation was dissolved a few years ago. The officers never got the form to continue the status of the corporation. This was due to the death of the primary officer and the sale of his residence (where the old mailing address was located). It was due to an unintentional oversight of elderly individuals who were not aware of the filing requirement and the death of the prior officer that took care of these issues.

We respectfully request the form be accepted and the corporation be reinstated since the lapse was due to the death of the primary officer and the innocent oversight of the other officers.

Thank you for your cooperation in this matter.

Sincerely yours,



Michael D. Manley

The date of the second
notice was in the
summer of 2002. 