

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 PM 2:11

DOCUMENT # G 54919

1. Corporation Name

F & L GROVES, INC

2. Principal Office Address - No P.O. Box #

5036 POPLAR AVE

3. Mailing Office Address

P O BOX 445

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOWLING GREEN, FL

City & State

BOWLING GREEN, FL

Zip

33834

Country

US

Zip

33834

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/1983

5. FEI Number

59-2594501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (4/10)

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

State

FL

Zip Code

33834

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date *4-28-10*

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 M CARLTON | 1143 MOFFITT RD | 201FO SPRINGS, FL 33890 |
| ST | MICHAEL D MANLEY | 203 S 7TH AVE | WAUCHULA, FL 33873 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

07-10 B 5/3/10

10. E-mail Address:

mmanley@embargo.com

(To be used for future annual report notification)

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. I further certify, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-10

Date

863-773-6768

Daytime Phone #