

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G63161

1. Corporation Name

BBC GROVE SERVICE, INC.

Principal Place of Business

C/O RONALD S. FANARO
2451 SEMINOLE ROAD
FT. PIERCE FL 34951
US

Mailing Address

C/O RONALD S. FANARO
2451 SEMINOLE ROAD
FT. PIERCE FL 34951
US

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

2. New Principal Office Address, If Applicable

7207 Bayard Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7207 Bayard Rd
Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34951

Country

US

Zip

34951

Country

US



REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1983

5. FEI Number

59-2326718

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
STD	HORTON, SHARON Y.	2451 SEMINOLE RD.	FT. PIERCE FL
PD	HORTON, BENJAMIN A.	2451 SEMINOLE RD.	FT. PIERCE FL

300021085013
06/23/03--01100--014 **900.00

8. Name and Address of Current Registered Agent

FANARO, RONALD S. ESQUIRE
3621 20TH ST.
VERO BEACH FL

9. Name and Address of New Registered Agent

Name

Benjamin A. Horton

Street Address (P.O. Box Number is Not Acceptable)

7207 Bayard Rd

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34951

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/17/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin A. Horton

Date

6/17/03

Daytime Phone #

772-216-9934

CR2040 (8/02)