

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G97433

1. Corporation Name

ME
GROVE CORPORATION

Principal Place of Business

3198 S Dixie Hwy
Miami FLA 33133

Mailing Address

3198 S Dixie Hwy
Miami FLA 33133

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

REINSTATEMENT 92-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2393080

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

PRESIDENT

JAMES BOULOS

3198 S Dixie Hwy
Miami FLA 33133

MIAMI FLA 33133

VICE PRES VICTOR BOULOS JR

3198 S Dixie Hwy

Miami FLA 33133

Secretary Mario BOULOS

3198 S Dixie Hwy

Miami FLA 33133

Treas PIERRE RICHARD BOULOS

3198 S Dixie Hwy

Miami FLA 33133

600002662656-8

-10/13/98--01049--011

***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JAMES BOULOS

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

3198 S Dixie Hwy

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

James Boulos

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

James Boulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BOULOS

Date

Daytime Phone #

10-8-98

CR2E040 (1/98)