

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 16 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50671**

1. Corporation Name
W. K. & R. Groves, Inc.

2. Principal Office Address
1915 S.W. 16th Avenue

3. Mailing Office Address
1915 S.W. 16th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip Country
33426

Zip Country
33426

4. Date incorporated or Qualified
To Do Business in Florida 04-03-1985

5. FEI Number
59-2647367

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-05

7. Name and Address of Current Registered Agent

Name
Idus E. Willis

Street Address (P.O. Box Number is Not Acceptable)
1915 S.W. 16th Avenue

Suite, Apt. #, Etc.

City
Boynton Beach

State Zip Code
FL 33426

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 Idus E. Willis

Date 3-12-05

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
PST	Idus E. Willis	1915 S.W. 16th Avenue	Boynton Beach, FL 33426

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03/25/05--01003--018 **2250.00

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:

Idus E. Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-05 (561) 937-9203
Date Daytime Phone #

CR2E081 (01/05)