

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

W04000021374

DOCUMENT # H59270

1. Corporation Name

Gulf Island Groves Caretaking and Management, Inc.

Mailing Address

P.O. Box 3036
12101 NW Harry Street
Pineland, FL 33945

Principal Place of Business

c/o Kevin Bryan
12101 NW Harry St
Bokeelia, FL 33922

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

2. New Mailing Address, If Applicable

12175 NW Harry St.

Suite, Apt. #, etc.

3. New Principal Office Address, If Applicable

12175 NW Harry St.

Suite, Apt. #, etc.

City & State

Bokeelia, FL

City & State

Bokeelia, FL

Zip

33922

Country

USA

Zip

33922

Country

USA

FILED

04 JUN 16 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-04

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/85

5. FEI Number

59-2565112

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State Zip
P	Andrew T. Bryan	12175 NW Harry St. Bokeelia, FL 33922	Bokeelia, FL 33922
			100038101151 06/21/04--01003--014 **1350.00

8. Name and Address of Current Registered Agent

Kevin Bryan
12185 NW Harry St.
Bokeelia, FL 33922

9. Name and Address of New Registered Agent

Name

Andrew T. Bryan

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

12175 NW Harry St.

Suite, Apt. #, Etc.

City

Bokeelia,

State

FL

Zip Code

33922

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

Andrew T. Bryan

REGISTERED AGENT MUST SIGN

Date

5-5-04

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Andrew T. Bryan

5-5-04