

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

DEARHARDT GROVES, INC.

2. Principal Office Address

30001 Orange Avenue

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34945

Country

St. Lucie

3. Mailing Office Address

30001 Orange Avenue

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34945

Country

St. Lucie

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1986

5. FEI Number

59-2751391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THERESA E. HEISE

600003364646-8

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

30001 Orange Avenue

-08/18/00--01041--084

***1350.00 ***1350.00

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34945

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

Theresa E. Heise

Date 27 July 2000

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
D	Herman A. Heise	30001 Orange Avenue	Ft. Pierce, FL 34945
D/P	Theresa E. Heise	30001 Orange Avenue	Ft. Pierce, FL 34945
D/VP	Christopher E. Fogal	603 N. Indian River Dr. Suite #300	Ft. Pierce, FL 34950

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:

Herman A. Heise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-00

Date

561/461-5693

Daytime Phone #

KE