

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 AUG -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K28023

1. Corporation Name

P & M GROVES, INC

2. Principal Office Address - No P.O. Box #

MARTIN COUNTY

3. Mailing Office Address

BOX 1249

Suite, Apt. #, etc.

804 FLAMANGO CT. W.

Suite, Apt. #, etc.

City & State West Palm Beach, FL
INDIANTOWN, FL

City & State LOXAHATCHEE, FL

Zip 33406
34956

Country
US

Zip 33470

Country
US

REINSTATEMENT 08-11

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 07/11/1988

5. FEI Number

59-2930719

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

PEDRO A. CORZO

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

804 FLAMANGO CT. W.

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33406

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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

[Signature of Pedro A. Corzo]

REGISTERED AGENT MUST SIGN

Date 7/27/11

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
PTD	PEDRO A. CORZO	804 FLAMANGO CT. W.	WEST PALM BEACH, FL 33406
VSD	MAXIMO CORZO	780 FLAMANGO CT. W.	WEST PALM BEACH, FL 33406
D	ALFREDO CORZO	214 SALZEDO ST.	ROYAL PALM BEACH, FL 33411

10. E-mail Address: AL.CORZO@DUDA.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature of Pedro A. Corzo]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/11

Date

561-722-4454

Daytime Phone #