

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # K50171

1. Corporation Name

SCR GROVES, INC.

02 MAR 25 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~C/O RONALD E SIMS~~  
~~1069 WEST 2ND AVENUE~~  
~~WINDERMERE FL 34706~~

~~C/O RONALD E SIMS~~  
~~1069 WEST 2ND AVENUE~~  
~~WINDERMERE FL 34706~~



REINSTATEMENT 2001-2002

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

2. New Principal Office Address, If Applicable

c/o John Rocker, Jr.

3. New Mailing Office Address, If Applicable

c/o John Rocker, Jr.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1989

Suite, Apt. #, etc.  
320 E. Lakeshore Dr.

Suite, Apt. #, etc.  
320 E. Lakeshore Dr.

5. FEI Number

59-2924765

Applied For

City & State  
Clermont, FL

City & State  
Clermont, FL

Not Applicable

Zip  
34711

Country  
USA

Zip  
34711

Country  
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	CORNELL, CLARENCE C.	<del>2146 ST WES CT SOUTH HAMPTON</del> 9400 Lewis Rd.	CLERMONT FL 34711
DST	ROCKER, JOHN L JR	320 E LAKESHORE DRIVE	CLERMONT FL 34711
PD	SIMS, RONALD E.	1069 W. 2ND AVENUE	WINDERMERE FL

000005281620--4  
04/16/02 01027 025  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

ROCKER, JOHN L., JR.  
320 E LAKESHORE DR  
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John L. Rocker, Jr.

Date

8/21/02

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE REQUIRED  
John L. Rocker, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

352-394-3347

Daytime Phone #

CR2E040 (8/01)