

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000020587

Name and Mailing Address

0010320 01 AT 0.292 **AUTO H8 0 0615 33803-241908

F & T GROVES, LLC
1508 NEWPORT AVE.
LAKE LAND FL 33803-2419



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip _____		5. Date Organized or Qualified To Do Business in Florida 08/13/2002	
Principal Place of Business 1508 NEWPORT AVE. LAKELAND FL 33803	3. New Principal Place of Business Address	6. FEI Number 55-0791056	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
	City, State, Zip _____	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TROIANO, STEPHEN M 1508 NEWPORT AVE. LAKELAND FL 33803		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/23/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Partner	Stephen M. Troiano	1508 Newport Avenue	Lakeland, FL 33803
REINSTATEMENT <u>8003</u> 700024220647 10/23/03--01001--005 **150.00			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/23/03</u> Daytime Phone # <u>863-603-0169</u>			
Typed or printed name of signing Managing Member/Manager _____			