

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 25 AM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004042

1. Corporation Name

Greater Groves Homeowners
Association, Inc.

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

700 Almond Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 135083

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34713-5083

Country

USA

Zip

34713-5083

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-01-1993

5. FEI Number

59-3199776

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

Bret Jones, PA

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

700 Almond St.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

800266886248

11/25/14--01002--013 **175.00

REINSTATEMENT

-2014

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]

REGISTERED AGENT MUST SIGN

Date

Nov. 11, 2014

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
PD	Robertson, Russell	15740 Greater Groves Blvd	Clermont, FL 34714
VPD	Grogan, Michael	2052 Onecco Ct.	Clermont, FL 34714
D	Draper, Marla	15245 Greater Groves Blvd	Clermont, FL 34714
D	West, Gary	2104 Citron Ct.	Clermont, FL 34714
D	Hawkins, Earl	15225 Greater Groves Blvd	Clermont, FL 34714

10. E-mail Address: astrange@bretjonespa.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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alison Strange

Date

11.11.14 394-4025

Daytime Phone #