PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

FOR REINSTATEMENT	Katherine Ha				
DOCUMENT # N9800007215			_	FILED	
1. Corporation Name				OI OCT 15 AM 9:28	
GREATER GARDEN GROVE C	COALITION, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business	Mailing Address		-	TALLAHASSEE FLURIUM	
'2996 PLANTATION RD SE WINTER HAVEN FL 33884	2996 PLANTATION RD SE WINTER HAVEN FL 33884	ATION RD SE			
WINIER PAVEN PL 33004 WINIER PAVEN PL 33004					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			1 Poto Incom	90 W/W	\neg
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Bu		orated or Qualified 12/21/1998	
City & State	City & State	5. FEI Numb		59-3544477 Applied For - Not Applicable	
Zip Country	Zip Count	try	6. CERTIFICATE	E OF STATUS DESIRED S8.75 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) Name of Officers and/or Directors		treet Address of Each Officer and/or Director		City / State / Zip	7
D SARNO, ROBERT 2996 PL/		TATION RD SE		WINTER HAVEN FL 33884	1
D ROBERTS, CARL	1016 EDGEWA	ATER DR, SE		WINTER HAVEN FL 33884	1
D NICKELL, DELL O	208 LAKE NEC	208 LAKE NED RD		WINTER HAVEN FL 33884	
					1
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				****236.25 ****236.25	1,;
8. Name and Address of Current Ro	egistered Agent		9. Name and A	Address of New Registered Agent	_
SARNO, ROBERT	and the second second	Name		was a second	(8/01)
2996 PLANTATION RD SE				is Not Acceptable)	CR2E040 (8/01)
WINTER HAVEN FL 33884		Suite, Apt. #, Etc.			
City				State 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 FEGISTERED AGENT MUST SIGN Date D/10/01					
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 filling 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.					