

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:44

12

DOCUMENT # P00000053046

1. Corporation Name

ITHACA GROVE, INC.

Principal Place of Business

235 S.E. 5TH AVENUE  
DELRAY BEACH FL 33483

Mailing Address

235 S.E. 5TH AVENUE  
DELRAY BEACH FL 33483

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2000

5. FEI Number

65-1019060

Applied For

Not Applicable

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
PSD	FRIEDLAND, PHILIP H	235 S.E. 5TH AVENUE	DELRAY BEACH FL 33483

400004669074--5  
-11/06/01--01057--023  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILIP H. FRIEDLAND, C.P.A., P.A.  
235 S.E. 5TH AVENUE  
DELRAY BEACH FL 33483

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 12, 2001  
AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip H Friedland

Date

10/12/2001

Daytime Phone #

561-243-1080

CR2E040 (8/01)

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Philip H. Friedland, C.P.A., P.A.  
235 S.E. 5<sup>th</sup> Avenue  
Delray Beach, FL 33483  
(561) 243 - 1080  
Fax: (561) 243 - 1880

October 12, 2001

Dept. of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

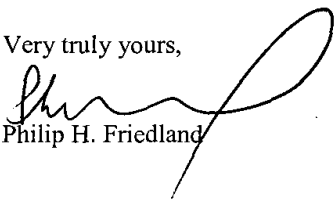
Re: Ithaca Grove, Inc.  
Document #: P00000053046

To Whom It May Concern:

Enclosed please find our check number 7502 in the amount of \$150 as payment for reinstatement of the 2001 Florida Corporation status. Unfortunately, I did not receive the prior application that should have been mailed to me, therefore I do not feel I should be liable for late charges.

Thank you in advance for your prompt and satisfactory resolution to this matter.

Very truly yours,

  
Philip H. Friedland