

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 19 PM 7:16

DOCUMENT # P00000055007

1. Corporation Name

ANTHONY GROVES SHIPPING, INC.

Principal Place of Business

11620 BALD CYPRESS LANE  
LAKE WORTH FL 33467

Mailing Address

11620 BALD CYPRESS LANE  
LAKE WORTH FL 33467



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

6607 Forest Hill Blvd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

West Palm Beach

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33413

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2000

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BEHRINGER, KATHLEEN M	11620 BALD CYPRESS LANE	LAKE WORTH FL 33467

500004669015--7

-11/06/01--01056--015

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

BEHRINGER, KATHLEEN M  
11620 BALD CYPRESS LANE  
LAKE WORTH FL 33467

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

Kathleen M. Behringer

REGISTERED AGENT MUST SIGN

Date

10-15-01

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 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

Kathleen M. Behringer

Date

10-15-01

Daytime Phone #

561-649-7566

CR2E040 (8/01)