

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 10 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000101122

1. Corporation Name

STEVEN F. GROVER, P.A.

2. Principal Office Address

ONE E BROWARD BLVD

Suite, Apt. #, etc.

700

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

ONE E BROWARD BLVD

Suite, Apt. #, etc.

700

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida 10/27/2000**

5. FEI Number
65-1051767

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

STEVEN F. GROVER

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

ONE E BROWARD BLVD

Suite, Apt. #, Etc.

700

City

FT. LAUDERDALE,

State
FL

Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date

8/29/04

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
P	STEVEN F. GROVER	ONE E. BROWARD BLVD., STE 700	FT. LAUDERDALE, FL 33301
			100041056301 09/14/04--01024--010 **1050.00

10. 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

STEVEN F. GROVER

Date

8/29/04

(954) 356-0005

Daytime Phone #

CR2E081 (01/04)

16