

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hobd
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000085016**

1. Corporation Name

B & B GROVE SERVICES, INC.

Principal Place of Business

Mailing Address

PO BOX 1308
LABELLE FL 33975-1308

PO BOX 1308
LABELLE FL 33975-1308

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

08/28/2001

5. FEI Number

65-1134387

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
D	BERDEN, NOREEN	26475 LOBLOLLY BAY RD.	LABELLE FL 33935
VP	Berden, Dale	26475 Loblolly Bay Rd	LaBelle FL 33935

580824265475
10/30/03--01007--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERDEN, NOREEN
26475 LOBLOLLY BAY RD.
LABELLE FL 33935

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. or 617.0505, F.S.

Signature of
Registered Agent

Noreen Berden

Date

10-23-03

REGISTERED AGENT MUST SIGN

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:

Noreen Berden

Noreen Berden

10-23-03

863-675-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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


B & B Grove Services, Inc.
26475 Loblolly Bay Rd.
LaBelle, FL 33935

October 20, 2003

To Whom It May Concern:

I just received this notice that my corporate status had been revoked. Our mailing address for the company has changed to the physical location address and I received this only because our postal clerk knows us. I would have paid it immediately via internet as I did the first year had I received a prior notification. Please reinstate the corporation.

Thank you,



Noreen Berden
President

I am sending a check
for 150.00 please except
this as a renewal for
my business. There is
no excuse for not filing
on time except the
fact that we are really
struggling for a long time
now and we cant seem to
catch up. We dont want to
fail we are trying to make
adjustments to pay 750.00
right now, would set us
back please except this
payment. questions please
Call 239-549-3400 Thank you
for I.