

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 15 AM 9:09

DOCUMENT # P02000073325

1. Corporation Name

THE TASTY GROOVE, INC.

Principal Place of Business

Mailing Address

111 US HIGHWAY 1  
KEY WEST FL 33040

111 US HIGHWAY 1  
KEY WEST FL 33040



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

4. Date incorporated or Qualified  
To Do Business in Florida

07/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

80-0065429

☒ Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	DEAN, HENRY T III	111 US HIGHWAY 1	KEY WEST FL 33040
<del>SD</del>	<del>DEAN, PETRA</del> (REMOVE PETRA DEAN)	<del>111 US HIGHWAY 1</del>	<del>KEY WEST FL 33040</del>
VERY IMPORTANT			
REINSTATEMENT 03			
(OUR 200P BEER & WINE LICENSE IS WAITING ON THIS, THANK YOU.)			
(\$150.75 CHECK ENCLOSED - NO PENALTY - UNIFORM REPORT NEVER ARRIVED)			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEAN, HENRY T III  
111 US HIGHWAY 1  
KEY WEST FL 33040

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

SIGNATURE REQUIRED

HENRY T. DEAN III

Date

10/13/03

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 REQUIRED

(PRESIDENT)  
HENRY T. DEAN III

10/13/03

305-292-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #