

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 16 AM 11:28


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400088908874

02/21/07--01030--022 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT #

1. Corporation Name Blue Grass of Central FL, Inc.
P03000030323

2. Principal Office Address - No P.O. Box #

20 Ruskin Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 354383

Suite, Apt. #, etc.

City & State

Palm Coast FL.

Zip 32164 Country USA

City & State

Palm Coast FL.

Zip 32135 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-14-03

5. FEI Number

421615935

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 William R. Chadwell

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

20 Ruskin Ln.

Suite, Apt. #, Etc.

City Palm Coast

State FL

Zip Code 32164

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William R. Chadwell

REGISTERED AGENT MUST SIGN

Date 2-14-07

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	William R. Chadwell	20 Ruskin Ln.	Palm Coast, FL. 32164

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 contained in Chapter 119, 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:

William R. Chadwell William R. Chadwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

386-206-3742

Daytime Phone #

2/19