

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 DEC -1 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000027835

1. Corporation Name

EMERALD GROVES INC.

Principal Place of Business

Mailing Address

287 FIELDS TERRACE  
PORT CHARLOTTE, FL  
33952

SAME

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 Address, If Applicable

201 W. MARION AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#207

City & State

City & State

PUNTA GORDA, FL

Zip

Country

Zip

Country

33950

U.S.A.

REINSTATEMENT

96-98

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

4/15/1993

5. FEI Number

65-0419082

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARK D. ASPERILLA	287 FIELDS TERRACE	PORT CHARLOTTE, FL 33952
D	DAVID RUGGIERI	287 FIELDS TERRACE	PORT CHARLOTTE, FL 33952

400002706244-3  
-12/08/98-01057-017  
\*\*\*1058.75 \*\*\*1058.75

12/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name JAMES W. KAYWELL  
Street Address (P.O. Box Number is Not Acceptable)  
201 W. MARION AVENUE  
Suite, Apt. #, Etc.  
#207  
City PUNTA GORDA State FL Zip Code 33950

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

*James W. Kaywell*

REGISTERED AGENT MUST SIGN

Date 11/23/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*DAVID RUGGIERI*

11/24/98

941-637-7000

Date

Daytime Phone #

CR2E040 (12/95)