

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
FILED

pg. 1062

DOCUMENT # P94 000062897

1. Corporation Name

Cracker Trail Grove, Inc.

90 MAY 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO Box 392
Belle Glade
FL 33430

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

Sept 1, 1994

5. FEI Number

65-0524166

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	<u>Leroy W. Jones</u>	<u>509 NE 2nd St</u> <u>Belle Glade, FL 33430</u>	<u>Belle Glade, FL 33430</u>
Secy	<u>Grace E Jones</u>	<u>509 NE 2nd St</u>	<u>Belle Glade, FL 33430</u>

300002536553-4
-05/27/98--01047--021
****715.00 ****715.00

01. QAW
5/22/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Grace E. Jones
PO Box 392
509 NE 2nd St
Belle Glade, FL 33430

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.

Signature of
Registered Agent

Grace E. Jones

REGISTERED AGENT MUST SIGN

Date 5-18-98

11. This corporation ~~owes~~ has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: Leroy W. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-98

Date

Daytime Phone #

CR2E040 (1/98)

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May 13, 1998

Dear Ms. Sprather,

Thank you for sending the application for reinstatement of our corporation, Cracker Trail Grove, FEI number 65-0524166.

Our mailing address is P.O. Box 392, Belle Glade, Florida 33430. The yearly report was addressed to our street address, 509 N.E. 2nd Street and never forwarded to the post office address. Therefore, our corporation is no longer active in the state of Florida.

Please accept the enclosed application and check for reinstatement. If additional information is needed, please write to us at P.O. Box 392, Belle Glade, Florida 33430.

Sincerely,

Grace Eugenia Jones

G. Eugenia Jones

Grace

*Intangible tax has been filed
and paid each year.*