APPLICATION FOR



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

REINSTATEMENT

P94000074193

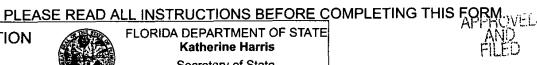
1. Corporation Name

BURCHARD-MIDDLETON GROVES, INC.

Principal Place of Business

Mailing Address

354 CYPRESS ST LABELLE FL 33975 P. O. BOX 508 LABELLE FL 33975



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



US		us						
If above addresses are incorrect in any way, line through incorrect information and enter correction New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified			
					To Do Business in Florida 10/10/1994			
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.				plied For	
City & State City & Sta			itate				No	ot Applicable
Zip	Country	Zip	 _	Country	6. CERTIFICATE			Fee required te of Status
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Directo		City / State / Zip			
D	BURCHARD, EASTON	40 BRONCO ST.			LABELLE FL 33935			
D	Middleton, Robert		2305 Howard Road			LaBelle, Flor	cida	33935
					6	00003501 -12/14/000	626 1071	011
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8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
				Name				
LUCKEY, OWEN				Street Address (P.O. Box Number is Not Acceptable)				
110 North Main Street Labelle FL 33975				Suite, Apt. #, Etc.				
			_	City		State FL	Zip Code	
10. I, being Signature o Registered	Agent	egistered ac	$\nearrow \uparrow$		obligations of Sect	ion 607.0505, F.S. Date	200	മ
11. I certify	that I am an officer or director or the rece	eiver or trustee e	mpowered to	execute this application as	provided for in cha	apter 607 or 617, F.S. I further o	ertify that v	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.

