

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -4 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063429

1. Corporation Name

JUDY L. GROOVER, P.A.

Principal Place of Business

Mailing Address

24 N. MARKET STREET
SUITE 502
JACKSONVILLE FL 32202
US

24 N. MARKET STREET
SUITE 502
JACKSONVILLE FL 32202
US

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

07/30/1996

5. FEI Number

59-3396636

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	GROOVER, JUDY	10136 GOLF CLUB DRIVE	JACKSONVILLE FL 32256

300008791113
11/04/02-01094-031 **158.00

W/A

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROOVER, JUDY L
10136 GOLF CLUB DRIVE
JACKSONVILLE FL 32256

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

REGISTERED AGENT MUST SIGN

Date

11/28/02

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 GROOVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/02 404-355-5222

CR2E040 (8/02)

The Law Office of Judy L. Groover

Judy L. Groover
Attorney and Counselor at Law

24 North Market Street, Suite 502
Jacksonville, Florida 32202

Telephone: (904) 355-5222
Facsimile: (904) 355-0020
E-Mail: jgroover@JudyGroover.com

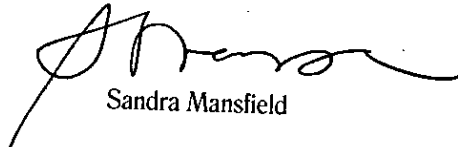
October 24, 2002

Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00. We never received the original report nor a notice. Our address changed in November of 2001. We are now located in Suite 502.
If we need to do anything further please let me know as soon as possible.

Sincerely,



Sandra Mansfield