

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -2 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066248

1. Corporation Name

THE GROVE GOURMET, INC.

Principal Place of Business

Mailing Address

1. ST ORANGE AVENUE
RCE FL 34945

16050 WEST ORANGE AVENUE
FORT PIERCE FL 34945

REINSTATEMENT 00-01

If addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
979 Beachland Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3394428

Applied For

Not Applicable

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32963

USA

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	City / State / Zip
1	2	3	4
OD	GRUBB, LORI S	16050 WEST ORANGE AVENUE	FORT PIERCE FL 34945
OD	SCHIRARD, J. BRANTLEY	16050 WEST ORANGE AVENUE	FORT PIERCE FL 34945

500004547425--6
-08/21/01--01068--011
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUBB, LORI
16050 W ORANGE AVE
FORT PIERCE FL 34945

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

LORI S. GRUBB

REGISTERED AGENT MUST SIGN

Date 7-30-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORI S. GRUBB, Officer/Director

Date

Daytime Phone #

7-30-01

CR2E040 (8/00)