

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 96000093724

1. Corporation Name:

Gruppe R. Limited, Inc.

339 6th Ave West
Bradenton, FL 34205

2. Principal Office Address

339 6th Ave West

3. Mailing Office Address

Bradenton, FL 34205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Bradenton

Zip

34205-8820

Country

US

Zip

34205-8820

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/1996

5. FEI Number
65-0705384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard D. Rath

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

339 6th Ave West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205-8820

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard D. Rath

REGISTERED AGENT MUST SIGN

Date 07/19/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard D. Rath	339 6th Ave West	Bradenton, FL 34205

10. 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:

Richard D. Rath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/04

Date

941-745-1836 x 330

Daytime Phone #

CR25081 (07/04)