

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P97000018230**

1. Corporation Name

**GROUPER SCOOPER, INC.**

Principal Place of Business

Mailing Address

283 COUNTY ROAD 74  
PALM HARBOR FL 34684

283 COUNTY ROAD 74  
PALM HARBOR FL 34684

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

**02/24/1997**

5. FEI Number

**59-3497041**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FRENCH, STEPHEN L	283 COUNTY ROAD 74	PALM HARBOR FL 34684
D	FRENCH, SANDRA M	283 COUNTY ROAD 74	PALM HARBOR FL 34684

500004706345--3  
-12/05/01--01063--021  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRENCH, STEPHEN L  
283 COUNTY ROAD 74  
PALM HARBOR FL 34684

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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

*Stephen L French*  
REGISTERED AGENT MUST SIGN

Date

**11-07-01**

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:** *Sandra M French*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/7/01**

Date

**(927) 7865442**

Daytime Phone #



FILED  
01 NOV 13 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

182

CR2E040 (8/01)

283 Westlake Rd.  
Palm Harbor, FL 34884

*JJ2*

**Grouper Scooper, Inc.**

November 7, 2001

Florida Department of State  
Division of Corporations

Dear Sir or Madam:

I am writing concerning a notice of dissolution that we have received regarding Grouper Scooper, Inc. The notice states that the corporation has been administratively dissolved due to the fact that fees were not paid on time. I am concerned because this is the first notice that we have received this year. In past years we have received this notice prior to the original due date. Our past records should indicate that the \$150 fees have been paid in a timely fashion.

For some reason, we did not receive any notice this year, other than the "Notice of Administrative Dissolution or Revocation". I have checked the enclosed form and all information appears to be correct. I am including a check for \$150 to cover the original fee. I am hoping that paying the original fee will allow us to reinstate the corporation. If this is insufficient, please contact me as soon as possible. If you have any suggestions as to how we can prevent this from occurring again next year, I would appreciate hearing them.

Sincerely,

*Sandra M French*

Sandra M. French  
(727) 786-5442

