## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State \*

DIVISION OF CORPORATIONS

P97000018230 **DOCUMENT #** 

1. Corporation Name

GROUPER SCOOPER, INC.

Mailing Address

Principal Place of Business 283 COUNTY ROAD 74 PALM HARBOR FL 34684

283 COUNTY ROAD 74 PALM HARBOR FL 34684

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



2. New Principal Office Address, If Applicable		3. New Maili	ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     02/24/1997			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State		5. FEI Number Applied For				
						59-3497041	Not Applicable	
Zip		Country	Zip	Country	у	6. CERTIFICATE		Additional Fee required r a Certificate of Status
7. Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corpora	tions must list at	least 3 directors)		
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			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			
						50	00047063 12/05/0101	
							****150.00	****150,00
					·			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
			<u> </u>		Name			
FRENCH, STEPHEN L 283 COUNTY ROAD 74				Street Address (P.O. Box Number is Not Acceptable)				

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.

PALM HARBOR FL 34684

11-07-01

State Zip Code

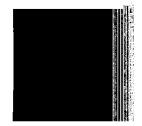
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all feets 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 individuals on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Suite, Apt. #, Etc.

City

SIGNATURE: Sandia Mitriene ED NAME OF SIGNING OFFICER OR DIRECTOR

283 Westlake Rd. Palm Harbor, FL 34884



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

(727) 786-5442

Sandra M. French

