

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -3 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000041424**

1. Corporation Name

SUNNY HILL GROVES, INC.

100023635611  
10/08/03--01013--007 \*\*750.00

**REINSTATEMENT 07**

2. Principal Office Address

1305 E. Plant Street

3. Mailing Office Address

1305 E. Plant Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

05/07/97

5. FEI Number

59-3449760

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

G. Winston Lovelace

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

1305 E. Plant Street

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

*G. Winston Lovelace*

REGISTERED AGENT MUST SIGN

Date

9/29/03

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	G. Winston Lovelace	1305 E. Plant Street	Winter Garden, FL 34787

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:

*G. Winston Lovelace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

Date

407-877-8100

Daytime Phone #

CR2E081 (9/01)