

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000017905

1. Corporation Name

GROG HOUSE, INC.

Principal Place of Business

1718 WEST UNIVERSITY AVE.  
 GAINESVILLE FL 32603

Mailing Address

4939 NW 2ND PL  
 GAINESVILLE FL 32607



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1998

5. FEI Number

59-3493891

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
P	ZELLER, ROBERT T	<del>4939 N.W. 2ND PLACE</del> 232 SW 128th Terrace	<del>GAINESVILLE FL 32607</del> Newberry, FL 32669
T	PERKINS, MARTHA	<del>4939 NW 2ND PL</del> 232 SW 128th Terrace	<del>GAINESVILLE FL 32607</del> Newberry, FL 32669
			000023818380 10/15/03--01047--023 **8.75
			000023818380 10/15/03--01047--024 **750.00

8. Name and Address of Current Registered Agent

ZELLER, ROBERT T  
 4939 N.W. 2ND PLACE  
 GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name  
 Robert T Zeller  
 Street Address (P.O. Box Number is Not Acceptable)  
 232 SW 128th Terrace  
 Suite, Apt. #, Etc.  
 City  
 Newberry  
 State  
 FL  
 Zip Code  
 32669

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 10/8/03

11. I certify that I am an officer or director of 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 1.19.07(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

Date

Daytime Phone #

10/8/03 3525140409

CR2E040 (7/03)