

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P99000002064

1. Corporation Name

MR. GROUT OF SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

3605 BELMONT BLVD.  
SARASOTA FL 34232

3605 BELMONT BLVD.  
SARASOTA FL 34232



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

REINSTATEMENT 00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable<br>3808 WILKINSON RD<br>Suite, Apt. #, etc. |  | 3. New Mailing Office Address, If Applicable<br>3808 WILKINSON RD<br>Suite, Apt. #, etc. |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>01/01/1999 |  |
| City & State<br>SARASOTA, FL   |  | City & State<br>SARASOTA FL  |  | 5. FEI Number<br>65-0883266   |  |
| Zip<br>34233   |  | Country<br>SARASOTA  |  | Applied For<br>Not Applicable   |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                  |  |  |  | \$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)

| Title(s)     | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip           |
|--------------|-----------------------------------|--|------------------------------|
| <del>D</del> | <del>HAND, CHARLES R JR.</del>    | <del>3605 BELMONT BLVD.</del>                  | <del>SARASOTA FL 34232</del> |
| P.           | HAND, CHARLES R JR.               | 3808 WILKINSON RD                              | SARASOTA, FL 34233           |
|              |                                   |  |                              |
|              |                                   |  |                              |
|              |                                   |  |                              |
|              |                                   |  |                              |

100003471927--1  
11/21/00--01027--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAND, CHARLES R JR.  
3605 BELMONT BLVD.  
SARASOTA FL 34232

|   |                            |
|---|----------------------------|
| Name  |                            |
| Street Address (P.O. Box Number is Not Acceptable)<br>3808 WILKINSON RD |                            |
| Suite, Apt. #, Etc.   |                            |
| City<br>SARASOTA  | State Zip Code<br>FL 34233 |

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<br><i>Charles R. Hand Jr.</i> | Date<br>10/31/00 |
|---|------------------|

REGISTERED AGENT MUST SIGN

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: *Charles R. Hand Jr.* 10/31/00 94 927-4892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)