

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000058895

1. Corporation Name

GROOVIES INC.

2. Principal Office Address

3. Mailing Office Address

460 MANDALAY AVE. 460 A. MANDALAY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A.

A.

City & State

City & State

CLARKWATER FL.

CLARKWATER FL.

Zip

Country

Zip

Country

33767

33767

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 30 1999 6/30/99

5. FEI Number

59-3584311

Applicable

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

FINACIAL FOUNDATIONS INC.

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

3150 SANDY RIDGE DR.

900003745229-0

Suite, Apt. #, Etc.

02/21/01-01054-010

\*\*\*\*908.75 \*\*\*\*908.75

City

CLARKWATER

State  
FL

Zip Code

33761

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/5/01

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

President TIMOTHY A. THOMPSON

55 EDGEWATER DR.

DUNEDIN FL. 33498

Vice President VERONICA A. THOMPSON

55 EDGEWATER DR.

DUNEDIN FL. 33498

Secretary VERONICA A. THOMPSON

55 EDGEWATER DR.

DUNEDIN FL. 33498

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01 (727) 443-7574

TO WHOM IT MAY CONCERN,

I ESTABLISHED GROOVIES INC.

IN 1999, YET DID NOT START DOING  
BUSINESS UNDER SAID NAME UNTIL APRIL OF  
2000. I WAS NOT AWARE / OR NOTIFIED  
THAT A YEARLY REPORT WAS REQUIRED  
FOR YEAR'S THAT NO BUSINESS WAS

~~DONE.~~ I HAVE ENCLOSED A CHECK  
FOR THE FULL AMOUNT REQUIRED, BUT  
WOULD LIKE CONSIDERATION FOR A WAIVER  
OF SOME OF THE ACCRUED FEE'S

THANK Tim Thompson