

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000075341

1. Corporation Name

EAGLES NEST GROVE, INC

2. Principal Office Address - No P.O. Box #
470 OLD HWY 17 N

Suite, Apt. #, etc.

City & State

CRESCENT CITY, FL

Zip
32112

Country
PUTNAM

3. Mailing Office Address
470 OLD HWY 17 N

Suite, Apt. #, etc.

City & State

CRESCENT CITY, FL

Zip
32112

Country
PUTNAM

7. Name and Address of Current Registered Agent

Name
MARY L. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)
470 OLD HWY 17 N

Suite, Apt. #, Etc.

City
CRESCENT CITY, FL

State Zip Code
FL 32112

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/19/1999

5. FEI Number
59-3605927

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Mary L. Mitchell
REGISTERED AGENT MUST SIGN

Date 11/02/2009

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
PVP/D	MARY L. MITCHELL	470 OLD HWY 17 N	CRESCENT CITY, FL 32112

REINSTATEMENT 08-09

11/16

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 contained in Chapter 119, 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: Mary L. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/2009
Date

386-698-2484
Daytime Phone #