

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S02469

1. Corporation Name

GULFSTREAM GROVES, INC.

Principal Place of Business

PO BOX 3152
FT PIERCE FL 34948

Mailing Address

PO BOX 3152
FT PIERCE FL 34948

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

09/27/1990

5. FEI Number

65-0243627

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STRAZZULLA, JOSEPH P	2076 CAVALLA	VERO BEACH FL
STD	STRAZZULLA, PHILLIP P	4102 SABAL PALM DRIVE	VERO BEACH FL
VD	STRAZZULLA, JOHN F	4715 PEBBLE BAY CIR	VERO BEACH FL
VD	STRAZZULLA, FRANK J	4504 REDWOOD DRIVE	FT. PIERCE FL
			4000003472434--0 -11/21/00--01033--019 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

STRAZZULLA, PHILLIP P.
BLOCK 9 MINUTE MAID RD 14800 WEST INDRIO
FT PIERCE FL 34945

9. Name and Address of New Registered Agent

Name
PHILIP P. STRAZZULLA
Street Address (P.O. Box Number is Not Acceptable)
14800 WEST INDRIO ROAD
Suite, Apt. #, Etc.
City
FT. PIERCE
State
FL
Zip Code
34954

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

REGISTERED AGENT MUST SIGN

Date

10/24/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #