

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 11, 2004  
Secretary of State**

DOCUMENT# S23638

Entity Name: LOTELA GROVES, INC.

**Current Principal Place of Business:**

1202 E. LAKEVIEW DR.  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

1202 E. LAKEVIEW DR.  
AVON PARK, FL 338254328

**New Mailing Address:**

FEI Number: 59-3043032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINSON, CAROL  
1202 E. LAKEVIEW DR.  
AVON PARK, FL 33825 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUTCHINSON, CAROL,  
Address: 1202 E. LAKEVIEW DR.  
City-St-Zip: AVON PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HUTCHINSON, CAROL,  
Address: 1202 E. LAKEVIEW DR.  
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL HUTCHINSON

PRES

11/11/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date