

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S36586

1. Entity Name
BROWER'S GROVES, INC.



FILED

04 DEC 13 AM 9 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1640 VALLEY DR
VENICE, FL 34292 US

Mailing Address
1640 VALLEY DR
VENICE, FL 34292 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11292004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0307362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAVEN, WILLIAM P.
1640 VALLEY DRIVE
VENICE, FL 34292-1319

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CRAVEN, WILLIAM P.
1640 VALLEY DRIVE
VENICE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BROWER, KATHARINE
323 ROBERTS RD
NOKOMIS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500043433105
12/15/04--01051--017 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM P. CRAVEN 3 DEC 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-484-3294

3 Dec 04

I received these 2 Remittance
notices & see that the fees are
\$150⁰⁰ each.

I only paid ^{\$150⁰⁰} each last year in
March of 2003

I did not receive any notices
of the amount due in 2004.

The first notice I received were
2 Cards. I attached a stamp on each and
sent it back - No answer I
received another 2 Cards. This time
I set them in an envelope & received
these two notices back.

I am returning these two notices
with a check for \$150⁰⁰ each the
same as last year.

(1)

I tried to call several times
when I received these two notices
but was informed that you were
so busy that I should keep
trying

I did but I still got the
same message.

I hope the class
up the paperwork.

Yours
W.P.C.

WILLIAM P. CROOK.

P.S. I am a Snow Bird & I
assume that that was the problem
with the mail

2