

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 AM 9:36

DOCUMENT # S36586

1. Corporation Name

BROWER'S GROVES, INC.

400163067834
11/19/09--01036--013 **300.00

KS

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #
1640 VALLEY DRIVE

3. Mailing Office Address
1640 VALLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VENICE, FLORIDA

City & State
VENICE, FLORIDA

Zip
34292

Country
US

Zip
34292

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/1991

5. FEI Number
65-0307362

Applied For
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
WILLIAM P. CRAVEN

Street Address (P.O. Box Number is Not Acceptable)
1640 VALLEY DRIVE

Suite, Apt. #, Etc.

City
VENICE

State
FL

Zip Code
34292

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
PSD	WILLIAM P. CRAVEN	1640 VALLEY DRIVE	VENICE, FLORIDA 34292
ST	KATHARINE BROWER	323 ROBERTS DRIVE	NOKOMIS, FLORIDA

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:

WILLIAM P. CRAVEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William P. Craven
15 NOV 09