	PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT					FILED 03 FEB -4 AM 9: 38	
DOCUMENT # 598345				-		
1. Corporation Name					SECRETARY OF STATE TALLAMASSEE, FLORIDA	
PUTNA	L GROVES, INC.					
Principal Pl	ace of Business	Mailing Addres				
10755 RUSS		10755 RUSS RD MYAKKA CITY FL 34251				
MYAKKA CI	TY FL 34251		12 04201			
lf above a	uddresses are incorrect in any way, line th	nrough incorrect inf	formation and enter o	correction below.		
2. New Pri	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/26/1991	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number 65-0301024 Applied For	
City & State	0	City & State			6. SR 75 Additional Fee required	
Zip	Country	Zip	Countr	y	CERTIFICATE OF STATUS DESIRED	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flor		tions must list at lea		
Title(s) 1	and/or Directors 3		Of Of	ficer and/or Directo	r 4	
D	PUTNAL, R. RUSS	UTNAL, R. RUSS			MYAKKA CITY FL	
					200011793482 02/04/0301090016 **300.00	
	8. Name and Address of Curre	nt Registered Age	ent	Name	9. Name and Address of New Registered Agent	
					(P.O. Box Number is Not Acceptable)	
10755 RUSS RD. MYAKKA CITY FL 34251				Suite, Apt. #, Etc.		
MILAN				City	State Zip Code	
,					FL	
			E REQU		obligations of Section 607.0505, F.S. or 617.0505, F.S.	
Signature Registere	d Agent O I O I O I V				Date	
this re	مسطه مستقد بالدائية فتراث المستقد والمستقد والمستقد والمستقد والمستقد والمستقد والمستقد والمستقد والمستقد والم	issolution has beer he names of individ	h eliminated, the corr duals listed on this fo	orate name satisfie orm do not qualify fo	s provided for in chapter 607 or 617, F.S. I further certify that when filing as the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated ter oath.	
SIGN		RPB	habir		2-3-07 Date Davtime Phone #	
	SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OF	VINEGIUN	Date Dayane i hone *	

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective

ebbenelei ei

3.00

October 4, 2002.

Corporation Name: PUTNAL GROVES, INC.

Document Number: \$98345

Giben under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 4th day of October, 2002.

Jim Smith Secretary of State

Shinn Scompany, p.a.

Certified Public Accountants and Consultants 1001 3rd Ave. W., Suite 500 + Bradenton, Florida 34205 Tel (941) 747-0500 + Fax (941) 746-0202 + E-Mail CPABIZ.COM Byron E. Shinn, CPA Michael T. Giles, CPA Robert J. Armstrong, CPA

MEMBER Private Companies Practice Section American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

January 9, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Please find attached an application for reinstatement for Putnal Groves, Inc. Also attached is a check in the amount of \$300.00 to serve as payment for 2002 and 2003 uniform business reports' fees.

In April 2002, the taxpayer, Russ Putnal, was severely injured in an airplane accident. While he was in the hospital he was unable to tend to the company's administrative matters, including the 2002 uniform business report.

On behalf of the above company, the taxpayer respectfully requests that the service wave any penalties relating to this application.

Please contact us at (941) 747-0500 should you have any questions or need further information. Thank you in advance for your attention to this matter.

Sincerely,

Mike The

Mike Giles, CPA Shinn and Company, P.A.

Cc: Russ Putnal