FEB 19 '06 11:19AM STANDEX MIS. P.4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 19 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/16/02--01031--012 **150.00

DOCUMENT # V04715

1. Corporation Name

HARRY'S CRESTVIEW GROVES, INC.

Principal Place of Business	Mailing Address
STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US	STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/1992

5. FEI Number: 02-0453336 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
P	GOODWIN, HARRY D	4501 N. 1ST LANE	MCALLEN TX 78504
VD	TRAINOR, EDWARD J	14 COPPER BEACH RD	SALEM NH
VD	CRICHTON, DAVID R	7 HIGHLAND RD.	WINDHAM NH 03087
VPSD	ROSEN, DEBORAH A	2 FORD LANE	FRAMINGHAM MA 01701
TD	POTTER, DANIEL C	17 CATESBY LANE	BEDFORD NH 03110
CC	KETTINGER, ROBERT R.	28 WOODBERRY LANE	NO. ANDOVER MA 01845

8. Name and Address of Current Registered Agent

Corporation Service Company F/K/A
~~THE PRENTICE-HALL CORPORATION SYSTEM, INC.~~
[redacted] 1201 Hays Street
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

SIGN HERE

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

REINSTATEMENT 02-03

Suite, Apt. #, Etc.

City | State FL | Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 1/20/03

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE REQUIRED Daniel C. Potter, Treasurer 12/9/02 603-893-9701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E040 (8/02)