

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V04715
 1. Corporation Name
HARRY'S CRESTVIEW GROVES, INC.

Principal Place of Business Mailing Address
 STANDEX INTERANTIONAL CORPORATION STANDEX INTERANTIONAL CORPORATION
 8 MANOR PKWY 8 MANOR PKWY
 SALEM NH 03078 SALEM NH 03078
 US 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

FILED
 03 FEB 19 AM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLA. REG.
 1/29/03 01057 010 7522
 000009518140
 12/15/02--01031--012 ***150.00
 4. Date Incorporated or Qualified To Do Business in Florida **01/03/1992**
 5. FEI Number **02-0453336** Not Applicable
 6. CERTIFICATE OF STATUS DESIRED **SI.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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 03097
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 **SIGN**
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 Ways Street
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent
 Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
REINSTATEMENT 02-03
FL 78

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S. or 617.0505, F.S.
 Signature of Registered Agent *[Signature]* 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]* Daniel C. Potter, Treasurer 12/9/02 603-893-9701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #