

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001819**

1. Corporation Name

GRAND POINTE EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

220 W GARDEN ST. SUITE 605
PENSACOLA FL

Mailing Address

220 W GARDEN ST. SUITE 605
PENSACOLA FL

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

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

03/14/2000

5. FEI Number

59-3751114

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MEEK, ABBIE E	P O BOX 230	PENSACOLA FL 32591
D	CARR, JOHN S	17 W CEDAR ST	PENSACOLA FL 32501
D	SYLTE, THOMAS W	P O BOX 230	PENSACOLA FL 32591

05/02/01 90143 031 \$ 70.00

8. Name and Address of Current Registered Agent

SYLTE, THOMAS W
220 W GARDEN ST, SUITE 605
PENSACOLA FL

9. Name and Address of New Registered Agent

Name

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

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.

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-02/12/02--01060--013

****236.25 ****236.25

Date 12/4/01

Signature of Registered Agent

Thomas W. Sylte

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)(f), 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:

Thomas W. Sylte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-01

Date

850-434-6830

Daytime Phone #

CR2040 (8/01)