

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

**01 JUN 11 PM 6:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 264837**

**1. Corporation Name**  
**GRALINE CORPORATION**

**2. Principal Office Address**

**1305 NW 6th Street**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip

**33311**

Country

**USA**

**3. Mailing Office Address**

**1305 NW 6th Street**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip

**33311**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**11/28/62**

**5. FEI Number**

**59-1032007**

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

**Eveline Wilcox**

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

**1305 NW 6th Street**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33311**

**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

*Eveline Wilcox*  
REGISTERED AGENT MUST SIGN

Date

*28 May 2001*

**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
PD	EVELINE WILCOX	1305 NW 6th Street	Ft. Lauderdale, FL 33311
D	RICHARD A. KURTZ	1305 NW 6th Street	Ft. Lauderdale, FL 33311
DT	LINDA D. WARD	1305 NW 6th Street	Ft. Lauderdale, FL 33311

**REINSTATEMENT**

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eveline Wilcox*

Date

*May 28, 2001*

Daytime Phone

*954-467-3426*