

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV 30 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/05/01--01057--005  
\*\*\*\*758.75 \*\*\*\*758.75

DOCUMENT # ~~39035~~ 396035

1. Corporation Name

Grimes, INC.

2. Principal Office Address

P.O. Box 5969

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALL. FL. 32314

City & State

FL

Zip

32314

Country

Leon

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1972

5. FEI Number

59-1384469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

William E GRIMES

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

6071 LA FRANCE RD

Suite, Apt. #, Etc.

City

TALL. FL.

State

FL

Zip Code

32314

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

*William E Grimes*

Date 11-30-01

REGISTERED AGENT MUST SIGN

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
Pres.	William E GRIMES	6071 LA FRANCE	TALL. FL. 32314
VP	William W. GRIMES	813 GREEN ST	TALL. FL. 32310
D	Robert D. GRIMES	142 SAM MARKS	CROWFORDVILLE FL. 32307

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:

*William E Grimes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-01

Daytime Phone #

877-1767

CR2E081 (9/00)