

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 488868

1. Corporation Name

GRIMES REAL ESTATE SERVICES, INC

2. Principal Office Address - No P.O. Box #

921 W. OAKLAND AVE

Suite, Apt. #, etc.

City & State

OAKLAND, FL

Zip

Country

3. Mailing Office Address

P.O. BOX 783037

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

Zip

Country

34778-3037 ORANGE

7. Name and Address of Current Registered Agent

Name

SAUL P. GRIMES

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

880 TILDENVILLE SCHOOL RD.

Suite, Apt. #, Etc.

W

City

WINTER GARDEN

State

FL

Zip Code

34787

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/13/07**

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
P	SAUL P. GRIMES	880 TILDENVILLE SCHOOL RD	WINTER GARDEN, FL 34787
ST	ANN M. GRIMES	880 TILDENVILLE SCHOOL RD	WINTER GARDEN, FL 34787
VP	MELANIE PARKER	413 MARY ELLEN CT	WINTER GARDEN, FL 34787

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/07

Daytime Phone #

FILED

07 NOV 27 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/95

5. FEI Number

59-1710367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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11/27/07--01024--009 **300.00